



## Central Committee on Research Involving Human Subjects

Submit this form together with the clinical trial application via: Clinical Trial Information System (CTIS) under "proof of payment".

**Please note:** As a sponsor, you are responsible to provide us with the correct invoice details that the financial department of your organization requires to process the invoice. Think about which reference numbers, PI numbers or purchase orders need to be included for your finance department to accept the invoice.

If you have a question, send an e-mail to [Finance@ccmo.nl](mailto:Finance@ccmo.nl).

Invoice details	
Company name	
Registration number Dutch Chamber of Commerce (KvK nummer) <i>Compulsory if registered in the Netherlands, if not please leave blank</i>	
Billing address	
attn. the relevant financial department or person	
Email address to which the invoice should be sent	
Payment characteristics that must be included on the invoice in accordance with the requirements of your organization (reference, purchase, order, PI numbers)  <b>Please note:</b> This is not the CTIS number. Ask your finance department about the requirements. This often goes wrong, resulting in invoices not being paid and your organization receiving reminders.	
Telephone number financial department that will process the invoice	
Sponsor contact details  <b>Please note:</b> these are the contact details of the point of contact for the study. These shouldn't be general details of the financial department of your organization	