Insert Date
Insert Company Name ("Company") Insert Address
Subject: Intent to Reimburse for Study Startup Activities in the Absence of an Executed Clinical Trial/Study Agreement ("Reimbursement Letter")
Company's Study Protocol No: ("Study")
Dear (Company Name) Official:
The Regents of the University of California, Los Angeles Campus ("Institution") has been actively engaged in Study startup activities for a Study in which the Institution was to serve as a Study site; however, the Institution and Company have decided not to proceed with activation of the Study at Institution's site.
Company acknowledges that the Institution has incurred fees and expenses as a result of engaging in necessary Study startup activities and as such, Company agrees to reimburse Institution a non-refundable payment for Study startup activities as invoiced to Company by Institution, such invoiced amount not to exceed \$ To receive reimbursement, Institution will submit an invoice to Company for fees and expenses incurred.
Company will pay such amount as set forth in the invoice from Institution no later than thirty (30) days after Company's receipt of the invoice.
Payments will be made payable to: The Regents University of California, Los Angeles
Payments will be mailed to: UCLA Payment Solutions & Compliance Box 957089, 1125 Murphy Hall 405 Hilgard Avenue Los Angeles, CA 90095-9000
All payments will be made in United States dollars by <b>check</b> and <b>will reference the invoice</b> number, Company name, UCLA Investigator last name and Study protocol number
By signing below, the Company acknowledges acceptance of the terms of this Reimbursement Letter.

ACCEPTED AND AGREED TO:



**UCLA Department of Medicine** Division of Administration \*\*Request For Payment\*\*



Invoice Date:

Invoice Number:

MM/DD/YYYY

FFFF\_MM/DD/YYYY

Sponsor's Protocol Number: XX-XX Sponsor Site/Project Code: Sponsor: XXXX

Pharmaceutical Company Name

Sponsor Contact Name: Elmo

12345 Zoey Street LA, CA. 90095

CROaccounts@cropayables.com

Attention to (if appilcable):

Winnie Pooh

UCLA Clinical Trial Fund Manager: UCLA Contact: wpooh@medr

UCLA Full Accounting Unit (FAU): UCLA Investigator Name: IRB Number: AAAAAA-CC-FFFFF
Joe Bruin XX-XXXXXX

udy Title: Item	Description	Date(s) of Service	Unit Cost Qua		Quantity		Amount	
	5 11 5 15			0.450.00			0.450.6	
Application Prep & Submission Fee	Regulatory Time and Effort		\$	9,450.00	11	\$	9,450.0	
Mandatory UCLA IRB	IRB Approval		\$	2,500.00	1	\$	2,500.	
Contract Office	Contract Negotiation		\$	1,890.00	1	\$	1,890.	
Contract Office	Contract Negotiation		Ф	1,090.00		Þ	1,090.	
Budget Prep and Negotiation	Negotiator Time and Effort		\$	800.00	1	\$	800.	
Other Items:								
						-		
						1		
						1		
	TOTAL AMOUNT BILLED					\$	14,640	

Send Payment To:

The Regents of the University of California Payment Solutions & Compliance Box 957089, 1125 Murphy Hall 405 Hilgard Avenue Los Angeles, CA 90095-7089

FFFFF\_MM/DD/YYYY\_Pharmaceutical Company Name\_Bruin\_XX-XX Reference:

\*\*\*Please include reference information on checks.\*\*\*

Make Check Payable To:

The Regents of the University of California, Los Angeles

Federal Tax ID: 95-6006143