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 check and will reference the invoice 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:

Name: _______________________
Title: _______________________
Date: _______________________

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<table>
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<th>Description</th>
<th>Date(s) of Service</th>
<th>Unit Cost</th>
<th>Quantity</th>
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**TOTAL AMOUNT BILLED**

$14,640.00