Budget Template

PI: Sponsor: Short Title: Site:

All payments must include an itemized detail of what the payment covers, and must indicate the sponsor and study on the payment

**All payments shall be mailed to:

The below per patient visit costs will be automatically paid on a monthly basis based on completed CRFs as indicated in the Payment schedule

VISIT	Vist X											
VISIT PAYMENT												
(with 35% OH)												

INVOICEABLES:

Shall be paid within 30 days of the date of invoice submitted by site

Closeout Fee = \$1500.00 Storage/Archive Fee = \$1000.00 Lab Kit/Equipment Storage and Mai IND Safety Reports = \$25.00 each Advertising Fee = \$1000.00 Contract/Budget Amendment Fee = Monitoring Visit Fee = \$100.00 per v Site Teleconference Fee = \$75.00 e IRB Prep Fee = \$200.00 per submis Pre-Screening Chart Review Fee = Unscheduled Visits = \$350.00 Screen Fails = \$XXX Dry Ice = \$1000.00 Incidental Supplies = \$500.00 Reconsenting Fee = \$200.00 each Audit/Inspection fee (Not-for-Cause	\$200.00 per revision visit sach ssion \$2500.00 ONLY) = \$800.00 per day	IRB Fees as Follows:	Initial Review = \$3500.00 Periodic Review = \$1200.00 each Amendments = \$1000.00 each SAEs and UAPs = \$350.00 each Final Report = \$950.00
Audit/Inspection fee (Not-for-Cause First Site Activation Fee (Accelerate Monitor/CRA Change Fee = \$500.0	ed Start-up) = \$1000.00		

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