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|  | **臺中榮民總醫院** | 107.09.13修V1  109.05.08-修V2 |

**臨 床 試 驗 中 心 繳 款 通 知 書**

* **收據抬頭：**
* **公司統一編號:**

**收據收件人資料：(以下資料請務必協助填寫，並確認是否正確)**

**姓名：**

**電話：**

**E-mail：**

**地址：**

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| **款項名稱** | | **金　　　　　額** | | | | | | | | | **備　註** | |
| **億** | **千** | **百** | **十** | **萬** | **千** | **百** | **十** | **元** |  | |
| **計畫作業費** | |  |  |  |  |  |  |  |  |  | **第 期** | |
| 主持人費 | |  |  |  |  |  |  |  |  |  |  | |
| 專（兼）任助理薪資 | |  |  |  |  |  |  |  |  |  |  | |
| 臨時工工資 | |  |  |  |  |  |  |  |  |  |  | |
| 保險費 | |  |  |  |  |  |  |  |  |  |  | |
| 醫療費用 | |  |  |  |  |  |  |  |  |  |  | |
| 受試者費用 | |  |  |  |  |  |  |  |  |  |  | |
| 旅運費 | |  |  |  |  |  |  |  |  |  |  | |
| 其他服務費 | |  |  |  |  |  |  |  |  |  |  | |
| 材料費 | |  |  |  |  |  |  |  |  |  |  | |
| 用品費 | |  |  |  |  |  |  |  |  |  |  | |
| 其他 | |  |  |  |  |  |  |  |  |  |  | |
| 設備費 | |  |  |  |  |  |  |  |  |  |  | |
| **行政管理費** | |  |  |  |  |  |  |  |  |  | **計畫作業費\*10%** | |
| **藥品管理費** | |  |  |  |  |  |  |  |  |  | **第 年** | |
| **律師審查費** | |  |  |  |  |  |  |  |  |  | **□新約□變更** | |
| **合　　　　計** | |  |  |  |  |  |  |  |  |  |  | |
| **繳款日期** | |  | | | | | | | | | **請務必填寫,以利查帳** | |
| **繳款方式** | | **□現金** | | | | | | | | | | |
| **□支票 支票號碼：** | | | | | | | | | | |
| **□匯款 匯款帳號：** | | | | | | | | | | |
| **附**  **註** | **計 畫 名 稱** |  | | | | | | | | | | |
| **本院IRB編號** |  | | | | | | | | | | **※若無IRB可暫填計畫編號** |
| **計畫主持人** |  | | | | | | | | | | |

**經辦人：　　　　　　　　 　單位主管：**