



**CASE WESTERN RESERVE
UNIVERSITY**
Clinical and Translational
Science Collaborative



CTSC Collaborative Voucher Quote

To Recipient

Name:

Title:

Institution/Organization:

Address:

Email:

Phone:

From Service Provider

Name:

Title:

Institution/Organization:

Address:

Email:

Phone:

This quote is accurate through the following date:

Signature of Service Provider:

Date

Study/Project Name:

Principal Investigator

Primary Institution/Department

Service	Description	Unit Cost	Quantity	Total
			Total	

Please keep a copy of this quote for your records. If awarded, you will be CC'd on the notice and an **award number will be assigned.** CTSC Collaborative Voucher Program funds are not transferred to you or your institution but are expended from the Case Western Reserve CTSA award via institutional invoicing. You will submit all Invoices for rendered services covered under a CTSC Collaborative Voucher Program for payment by the projects **Award End Date**. Invoices will not be accepted 30 days after the end of the award. **Please indicate the award number on invoices and submit to**

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