| **伦理审查费发票开具申请单** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **伦理受理号** | | | | | | ***（空白不填）*** |
| **申办方** |  | | **项目编号** |  | | |
| **项目名称** |  | | | | | |
| **打款日期** |  | **打款金额** |  | **打款方** |  | |
| **联系人** |  | | **手机号** |  | | |
| **开票信息（\*为必填项）** | | | | | | |
| **抬头\*** |  | | | | | |
| **税号\*** |  | | | | | |
| **地址/电话** |  | | | | | |
| **开户行** |  | | | | | |
| **开户账号** |  | | | | | |

备注：请将**申请单**和**打款回执/凭证**电子版发至伦理办邮箱ec-tys@qq.com

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| （黏贴打款回执） |