

Guidance for ESA Clinical Trial Network Chief Investigator on reimbursement of costs related to the trial

Reimbursement must not exceed the allocated budget granted by the ESA for the trial

Please address the invoice to:

ESA AISBL Rue des Comédiens 24, BE-1000 Brussels, Belgium + **ESA VAT N° BE 0447 289 368**

I. **Please indicate the following details about your Service:**

1. Reference of the study: Research/CTN/study XXXXX (Abbreviated acronym of the study)
2. Name of the study chief Investigator: Dr. XXX (First and LAST name)
3. Type of cost: (examples)
 - Electronic data capture system build;
 - Translation of data questionnaire;
 - Randomization of centres ;
 - Travel and accommodation of the Chief Investigator and Steering Committee to meet in order to prepare the study; discuss preliminary results; present final results and prepare a manuscript (economy options to be chosen)*
 - Meeting hosting facility;
 - Monitoring;
 - Data Management;
 - Statistics;
 - Publication;
 - Other (to be agreed with ESA in advance)

** It is needed to return the ESA Expense Report Form with original receipt for travel and accommodation*

4. Date of service/meeting performed: DD-MMM-YYYY
5. If applicable - identify person/company providing the service: XXX (First and LAST name or COMPANY NAME, country)
6. If applicable - The amount of hours worked: X hours
7. If applicable - Description of the Service/task performed: e.g. “manually fix and sort the encoding variables of the XXX study for surgical procedures and cause of death in a total of xxx patients.”
8. If applicable - The rate/fee per hour: X euros
9. If applicable - The total amount charged: X euros
10. If applicable - At the bottom of the invoice/fee, indicate the “VAT” number. Regarding services of a company abroad: If company is VAT liable, as ESA is VAT liable too, (B to B situation), the VAT reverse charge principle should be applied, and the company should not charge ESA any VAT.

II. **Please indicate the payment details:**

Name: (First and LAST)

Address:

Bank Name:

Bank Address:

IBAN:

Swift Code/BIC: (compulsory)

*Sort Code (*if no Swift/BIC)

Account number:

III. **Signature:**

Please have the invoice/fee signed and dated by the service/company responsible. If no service - provider has been used, it should be signed by Chief Investigator. It must be the ink-pen signature.

IV.

Sending of Invoice:

Please take a scanned copy of your invoice and send it to ESA Research Department (research@esahq.org) .By following this process ESA Research Coordinator will make sure your invoice is correctly prepared and will follow up on payment with the ESA accounting department

Please send the original invoice via postal mail to ESA Rue des Comédiens 24, BE-1000 Brussels, Belgium

For any question on this guidance contact research@esahq.org