

**Department of Veterinary Pathobiology
Texas A&M University
College Station, Texas 77843-4467**

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Peptide Synthesis Core – INVOICE

DATE _____ **PI** _____ **DEPARTMENT** _____ **INVOICE #:** _____

ACCOUNT OR P.O. # _____

| Name of Peptide: | # of Couplings: | Chemistry: | Cost |
|------------------|-----------------|------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

TFA Cleavage: \$75 X _____ **Cost: \$** _____
Purification: 300 X _____ **Cost: \$** _____
Mass Spec: 75 X _____ **Cost: \$** _____

TOTAL: \$ _____

DISCOUNT (Collaboration): _____ %

PAYMENT DUE: \$ _____

Checks should be made payable to: Texas Agricultural Experiment Station
(Acct. 06-203123-8565)

Mail payments to: Mrs. Betty Suehs
Department of Veterinary Pathobiology
Texas A&M University, VMS Building
College Station, TX 77843-4467

NOTE: Payments due within 30 days of invoice.