

**UMMC Biobank  
 DRY ICE INVOICE**

DATE	Pay This Amount

DESCRIPTION	AMOUNT (LBS)	TOTAL
Dry Ice @\$2.50/lb		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Accounting Unit:** \_\_\_\_\_

**Activity Number:** \_\_\_\_\_

