

**Baystate Medical Center
Sponsored Program Administration
Invoice and Payment Instructions**

Invoice Instructions

To invoice Baystate Medical Center for services rendered under a fully executed sub-award agreement, the recipient's invoice form is acceptable, providing the following information is included:

Payee Name
Remit to Name, if different
Mailing address
Invoice Date
Payment Due Date
Principal Investigator Name
Sub-recipient tax Identification number
Complete description of services rendered, including period of performance for invoice
Total Amount Due
Name, phone, and email of contact person for questions
Baystate Project Identifier

Payment Instructions

When remitting payment to Baystate Medical Center for services rendered, please include the following information:

Principal Investigator Name
Study Name/Protocol Number
Reference Number (provided on invoice for services)

Regular Mailing Address

Baystate Medical Center Research
P.O. Box 414168
Boston MA 02241-4168

Street Address for Overnight Services

Bank of America Lock Box Services
Baystate Medical Center Lockbox # 414168
2 Morrissey Blvd.
Dorchester MA 02125
Phone # 413-787-8492

Payments by Fed Wire

Bank of America
DDA#: 0012843148
ABA# 026009593
REF: (as provided by BMC)

Payments by ACH Transactions

Bank of America
DDA# 0012843148
ABA# 011000138
REF: (as provided by BMC)