



Pass-Through Costs Report

DATE:	7-Aug-26
EMPLOYEE:	Fabiana Hiromi Pereira Nakajima

Please submit this form to expenses@resolutioncrs.com

SPONSOR	PROTOCOL NUMBER	STUDY CODE
PTC Therapeutics	PTC923-MD-004	RS-21-100

DATE	CONCEPT	DESCRIPTION	VISIT TYPE	VISIT #	SITE N°	CURRENCY	AMOUNT
26/7/30	Meals/Refreshments	Breakfast	MV	31	700	BRL	\$ 24,40
TOTAL							\$ 24,40

COMMENTS/OBSERVATIONS:

I hereby declare that the expenses reported in this form were incurred and that payment receipts could not be obtained

EMPLOYEE SIGNATURE:

EMPLOYEE NAME:

JOB TITLE:

Fabiana Hiromi
Pereira Nakajima

Assinado de forma digital por
Fabiana Hiromi Pereira Nakajima
Dados: 2026.08.07 10:10:47 -03'00'

APPROVER SIGNATURE:

APPROVER NAME:

JOB TITLE: