

INCENTIVE PAYMENT RECORD ~ \$50 Maximum ¹

Lab	Study	Subject Name (Printed)	Participation Date
Description of Payment			Amount ²

IMPORTANT:

The **researcher**, by signing below, attests that the subject was entitled to and paid the amount shown.
The **subject/guardian**, by signing below, acknowledges that the subject received the amount shown.

Researcher Signature	Subject/Guardian Signature
Researcher Name (Printed)	Subject/Guardian Name (Printed)

41939.48138

PREPARATION NOTES: (1) This form may be used only for testing group incentives for subjects participating anonymously in approved research studies. The maximum paid to an individual on a single day cannot exceed \$50.00. (2) Corrections are NOT permitted in the amount field. If a mistake is made in this field, void the entire form and start a new one.

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