INCENTIVE PAYMENT RECORD ~ \$50 Maximum 1

41939.48226

Study	Date	Amount ²	Researcher Name (Printed)	Researcher Signature	Subject Name (Printed) 3	Subject Signature ³
Study	Date	Amount ²	Researcher Name (Printed)	Researcher Signature	Subject Name (Printed) 3	Subject Signature ³

IMPORTANT:

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

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 any individual on a single day cannot exceed \$50.00. (2) Corrections are NOT permitted in the amount column. If a mistake is made in this field, void the entire row. (3) If a subject is represented by a guardian, then the printed name and signature of the guardian should be entered here. The subject's name and a note of explaination may be entered in the next row for record keeping.