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<th>Study</th>
<th>Subject Name (Printed)</th>
<th>Participation Date</th>
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Description of Payment

**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)

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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 block and start a new one. (3) If the Lab or Study for a subsequent block is the same as the Lab or Study listed in the previous block, “same” may be entered in these fields.