

Human Subject Payment Receipt

Date _____

Paid To: _____ \$ _____

Subject Number _____

Check number if paid by check _____

Gift card number from back of gift card if paid by gift card _____

Human Subject Protocol #: _____ **Project #:** _____

Payee Signature: _____

Authorized By: _____

Please note that this payment is taxable income and the recipient is required to report this amount on federal and state tax returns.

This receipt should be maintained, confidentially, in the project files.

Since you will not get the payee signatures back for each Electronic Gift code sent to each Human subject, please complete the following statement below for each Human Subject Payment Receipt form:

I certify the that the person named above was e-mailed on (add date) the Electronic Gift Code# listed above as a result of their participation.

Your name _____ your signature _____ and date _____.

Attach a copy of the e-mail sent to the participant with the Gift code attachment showing.