

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.