

**The University of Texas at Austin**  
**Individual Receipt Form**

My signature below indicates that I have received reimbursement for my participation in a study with \_\_\_\_\_ . (This information will not be disclosed to the public. It is for UT internal use only)

Amount paid \_\_\_\_\_ Date \_\_\_\_\_

VP7 document ID (if applicable) \_\_\_\_\_

Initials of individual disbursing funds \_\_\_\_\_

\_\_\_\_\_  
Researcher-assigned identification number or printed name \*

Signature \_\_\_\_\_

Address (if applicable) \* \_\_\_\_\_

SSN# (if applicable) \* \_\_\_\_\_

**\*Participant's name, signature, SSN, and address are required if participant expects payments for all research and survey compensation received from UT Austin to collectively total \$450.00 or more for the calendar year. Refer to research reimbursement guidelines at [http://www.utexas.edu/research/osp/osp\\_handbook.html](http://www.utexas.edu/research/osp/osp_handbook.html). All signature forms require departmental review and signature of reviewer.**

**Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas at Austin to issue a US Federal tax form 1099 or 1042 S, as mandated by law under the United States Tax Code and Internal Revenue Service Regulations. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.**

Use Summary Reconciliation Sheet to reconcile individual receipt forms