Multiple Participant 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)***				***Departmental Office Use Only***		
				Amount Paid	Study/ VP7 Doc if applicable	Reconciled Date By:
Researcher-Assigned Identification Number or Printed Name	**Signature of Participant**	**Date**	**ID #, drivers license, or Researcher Assigned Participant ID. * Use individual receipts if a research subject or survey participant expects payments for all research and survey compensation received from UT Austin to collectively total $450 or more for the calendar year.**			

- **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 or more for the calendar year. Use individual receipts for these payments. Refer to research reimbursement guidelines at http://www.utexas.edu/research/osp/osp_handbook.html. All signature forms require departmental review and signature of reviewer.**
- **If using the Procard to purchase gift cards/gift certificates, VP7 document ID number must be included in reconciliation.**

Total: _____

Reviewed by/date:_____ College or School Chief Business Officer Date _____

Reviewed by/date:_____ Principal Investigator's Supervisor Date _____