**University of Maryland College Park**

**Individual Receipt Form**

**[$100 and Below]**

I have received Click here to enter AMOUNT as participant compensation on Click here to enter DATE .

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOR OFFICE USE ONLY**

IRBNet #: Click here to enter text.

Participant Study ID: Click here to enter text.

Amount Received: Click here to enter text. Date: Click here to enter text.

Initials of Person Dispersing Compensation: Click here to enter text.