

Cash/Gift Card Payment Log

Project Name:

Date	Amount of Payment	*Participant's Printed Name	*Participant's Signature
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	g below, you cert	rgia State University Employee) ify that you witnessed the above-descr	ibed payment transactions and receipt

^{*}Signature can be an x if project is approved for anonymous participant payments. Subject ID number must be supplied in lieu of Printed Name. A copy of the signed anonymity memo should be attached to the replenishment/closure form.