



Participant Record of Payment of Cash or Gift Card

For participating in this project, I have received a payment of \$_____ on the date signed below.

*Participant's Printed Name	*Participant's Signature	Date
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Witness (Must be Georgia State University Employee)

By signing below, you certify that you witnessed the above-described payment transaction and receipt signature.

Witnesses Printed Name	Witness's Signature	Date
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Signature can be an x **if Project is approved for anonymous participant payments. In this event, Participant's 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.*