

The University of Texas at Austin

Individual Receipt Form

(This information will not be disclosed to the public. It is for UT internal use only)

Date _____

Amount Paid _____

My signature below indicates that I have received reimbursement (cash or gift card) for my participation in the study.

_____, IRB Protocol # _____
(Name of Study)

Printed name or Researcher-assigned identification number (ID for coded or anonymous studies only)

Signature or initials (initials for coded or anonymous studies only) or if internet study, email address

Do you expect to receive \$600 or more for all compensation from the University of Texas at Austin for the current calendar year?

Yes (see below*) No

***For Participants that answered Yes to receiving payments of \$600 or more for the current calendar year the following is also required:**

Address _____

SSN# or UT EID _____

Participant's name, signature, address, and SSN are required if participant expects payments for all compensation received from UT Austin to collectively total \$600.00 or more for the calendar year.

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.

Departmental Office Use Only

Printed name and initials of individual disbursing funds

VP7 document ID (if applicable) _____

(If using the Procard to purchase gift cards/gift certificates, VP7 document ID number must be included)

Use [Summary Reconciliation Sheet](#) to reconcile Individual Receipt Forms.