

## Multiple Participant Receipt Form

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

My signature below indicates that I have received reimbursement (cash or gift card) for my participation in the study  _____, <i>IRB Protocol #</i> _____ (Name of Study)					<i>Departmental Office Use Only</i>		
<b>Do you expect to receive \$600 or more (not including your paycheck) from the University of Texas at Austin for the current calendar year? If Yes, do NOT use this form. (See below*)</b> <input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No	Printed Name or Researcher-Assigned Identification Number (ID for coded or anonymous studies only)	Signature of Participant or initials (initials for coded or anonymous studies only) or if internet study, email address	Date	Amount Paid	VP7 Doc ID if applicable**	Individual Disbursing Funds  Printed Name: _____ Intials _____	
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							
<input type="checkbox"/> Yes (see below*) <input type="checkbox"/> No							

**Total:** \_\_\_\_\_

**\* For Participants that answered Yes to receiving payments of \$600 or more (not including paycheck) for current calendar year.**

Participant **must** sign the [Individual Receipt Form](#) for these payments and not this Multiple Participant Receipt Form. Participant's name, signature, SSN, and address are required if participant expects payments for all non-employee compensation (not including paycheck) received from UT Austin to collectively total \$600 or more for the current calendar year. \*\* If using the Procard to purchase gift cards/gift certificates, VP7 document ID number must be included.

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

**Reviewed by:** \_\_\_\_\_  
 Principal Investigator (Required) \_\_\_\_\_ Print name, title and department \_\_\_\_\_ Date \_\_\_\_\_