Multiple Participant Receipt Form (This information will not be disclosed to the public. It is for UT internal use only) University employee participants are paid through payroll. Do not include employees in this cash advance reconciliation. Refer to 9.1.7.C. My signature below indicates that I have received reimbursement for my participation in the study Departmental Office Use Only _____, IRB Protocol # ___required required (Name of Study) Printed Name or Signature of Participant Do you expect to receive \$600 VP7 Doc ID if **Individual Disbursing Funds** Date Amount or initials (initials for applicable** Researcher-Assigned Paid or more for all compensation **Identification Number (ID** coded or anonymous from the University of Texas at Austin for the current calendar for coded or anonymous studies only) year? If Yes, do NOT use this studies only) **Printed Name:** Intials form. (See below*) must check one name of study participant participant signature or date of example: \$5 leave this person who actually Yes (see below*) No "anonymous" if applicable distributed the ailt or anonymous identifier column blank Amazon card receipt ...repeat for each Yes (see below*) No individual participant Yes (see below*) No sum of all gift amounts listed above Total: * For Participants that answered Yes to receiving payments of \$600 or more for 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 compensation received from UT Austin to collectively total \$600 or more for the calendar year. ** If using the Procard to purchase gift cards/gift certificates, VP7 document ID number must be included. University employee participants are paid through payroll. Do not include employees in this cash advance reconciliation. Refer to 9.1.7.C. Use Summary Reconciliation Sheet to reconcile Multiple Participant Receipt Forms.

required

Reviewed by:

required Principal Investigator (Required) Print name, title and department Date