

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 (cash or gift card) for my participation in the study

Departmental Office Use Only

_____, *IRB Protocol #* _____
 (Name of Study)

Do you expect to receive \$600 or more for all compensation from the University of Texas at Austin for the current calendar year? If Yes, do NOT use this form. (See below*)	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:	Initials
<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 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.

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

Reviewed by:

Principal Investigator (Required)

Print name, title and department

Date