Payment receipt form

Name of Primary Investigator (PI): _____

Instructions: The first 5 columns should be completed by the PI/RA.

Date	Amount	Form (cash, gift card, etc.)	Notes (e.g., study, purpose, location)	PI or research assistant initials	Recipient initials or signature, or PI/RA signature if recipient unable to sign
e.g., Feb 3, 2023	$20.00	Amazon gift card	Focus group in North Colorado springs	First Last	M.W.