Receipt Form: Usability Test Compensation (Minor)

Please sign below to indicate that you have received the promised compensation for your child’s participation in testing today.

## Date: \_\_\_\_\_\_\_\_\_

## Amount received: \_\_\_\_\_\_\_\_\_

## Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please sign your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank you!

We appreciate your participation.

*Test: (Site name) \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_*