

**STUDY: ACTIVE VIEWING OF VISUALIZATIONS****PAYMENT OF PARTICIPANTS**

<b>DATE</b>	<b>PARTICIPANT NAME (PLEASE PRINT)</b>	<b>PARTICIPANT SIGNATURE (FOR FUNDS RECEIVED)</b>	<b>AMT. PAID TO PARTICIPANT</b>
			\$
			\$
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			\$
			\$
			\$
			\$
			\$

**TOTAL PAYMENT \$**

The above noted payments have been made in connection with Research Projects.

\_\_\_\_\_  
RESEARCHER NAME\_\_\_\_\_  
DATE\_\_\_\_\_  
SIGNATURE OF TRUSTHOLDER/SUPERVISOR\_\_\_\_\_  
DATE