

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

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

TOTAL PAYMENT \$

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

RESEARCHER NAME_____
DATE_____
SIGNATURE OF TRUSTHOLDER/SUPERVISOR_____
DATE