

**University of Louisville
Human Subject Receipt for Compensation**

(Please keep this portion of form in department with all study records)

Participant Name _____

Participant Code _____

Study Name _____

Amount of Compensation _____

Date of Compensation _____

Signature of Participant _____

*(Please return this portion of form to Controller's Office along with petty cash
reconcilement or payment request.)*

Participant Code _____

Amount of Compensation _____

Date of Compensation _____