

**Research Participant Payment Record**

**HENDRIX STUDENT PARTICIPANTS**

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| --- | --- |
| Research Project |  |
| Principle Investigator |  |
| E-mail Address |  |
| Dates of Project |  |

By signing this form, I acknowledge that I have received the given amount as an incentive for participating in this research project.

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| **Name (print legibly)** | **Signature** | **Amount** | **Date** |
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