



PARTICIPANT INCENTIVE FORM

	Participant Name (or ID if confidential survey)	Participant Signature (or n/a if confidential survey)	Date of Interview	Date Disbursed	Amount Disbursed	Interviewer Name	Interviewer Signature	Project Director (if different from interviewer)	Project Director Signature (if different from interviewer)
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I certify that these incentives were paid to the participants of the referenced study in accordance with the study's guidelines and not retained by program personnel or used to commit fraud. I further certify that I have not submitted, nor will I submit in the future, a duplicate of this listing of participants for payment or reimbursement.

_____ Claimant Signature

_____ Date

_____ Authorized Signature

_____ Date