



# Hamilton

## **PARTICIPANT PAYMENT FORM**

Responsible Investigator: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I participated as a research subject in the following study and I have been/ will be reimbursed for my participation upon completion as follows:

TOTAL Payment: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_