



Research Compliance Services
Institutional Review Board

RESEARCH PARTICIPANT COMPENSATION FORM - (\$100 or less)

Principal Investigator: _____

Protocol Number: _____

I, the undersigned, acknowledge receipt of compensation in the amount of \$_____ for my time and inconvenience as a participant in the above research study. I also acknowledge that the information provided below will be shared with the central business office of the University of Nebraska - Lincoln in the event of a records review.

Name: _____

Address: _____

Participant's Signature

Date

Researcher's Signature

Date

Notice: The signed receipt must be stored as part of the research records for a minimum of seven years following project closure.