Researcher:

Study Name:

Faculty Advisor (if applicable) :



Research Participant & Gift Log

I certify that the information given on this form is accurate and complete as of the day it is completed.					Date Cash or Cash Equivalent Received:					
ID	Printed Name	Signature	Date	Amount	Employee or		If student or employee,			
				Received	Student		report to AP if more		US Citizen or	
					Put E for employee or an S for student in the		than \$50, if non-student		Green Card Holder	
					Yes column		/ non-employee report		(incl. W-9) If Neither contact	
							to AP if more than \$100		taxmanager@middl	
									ebury.edu before	
									paying	
				[Yes	No	Reportable	Not	US / RA	Neither
								Reportable		
									-	
							-		-	<u> </u>

* Keep in records for 7 years