



RESEARCH SUBJECT PAYMENT VOUCHER

Receipt #: _____ Date: _____ Amount: _____

Received By: _____ Subject PID _____ Social Security #: _____

Recipient Address Street: _____
full address required
please print City: _____ State: _____ Zip code: _____

Dollar Amount (in words) _____ Dollars

Charge Account _____ 531510
Fund WBSE General Ledger Account

Description/Purpose: Research Subject Reimbursement

Recipients Signature Approved for Payment by (print) Approver's Signature

Note: This receipt is kept by the Petty Cash Custodian.