

UNIVERSITY OF SUSSEX

PAYMENT FOR PARTICIPATION IN EXPERIMENTS

PLEASE PRINT YOUR FULL NAME AND HOME ADDRESS
BELOW:

Full name: _____

Home Address: _____

Phone number: _____

Date and time of experiment: _____ / _____ / _____ : _____ am/pm

I HAVE RECEIVED £ _____ IN CASH FOR
PARTICIPATION IN THIS EXPERIMENT

Signature: _____

University use:

NAME OF EXPERIMENTOR: _____

SIGNATURE: _____

EXPENDITURE CODE TO BE CHARGED: DPhil/ Research

PLEASE STATE CODE: _____

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