UNIVERSITY OF SUSSEX PAYMENT FOR PARTICIPATION IN EXPERIMENTS

UNIVERSITY OF SUSSEX PAYMENT FOR PARTICIPATION IN EXPERIMENTS

PLEASE PRINT YOUR FULL NAME AND HOME ADDRESS BELOW:

PLEASE PRINT YOUR FULL NAME AND HOME ADDRESS BELOW:

Full name:	Full name:
Home Address:	Home Address:
Phone number:	Phone number:
Date and time of experiment:/ / :am/pm_	Date and time of experiment:// :am/pm_
I HAVE RECEIVED £ IN CASH FOR PARTICIPATION IN THIS EXPERIMENT I HAVE RECEIVED £ IN CASH FOR	
PARTICIPATION IN THIS EXPERIMENT	Signatura
Signature:	Signature:
University use:	University use:
NAME OF EXPERIMENTOR:	NAME OF EXPERIMENTOR:
SIGNATURE:	SIGNATURE:
EXPENDITURE CODE TO BE CHARGED: DPhil/ Research	EXPENDITURE CODE TO BE CHARGED: DPhil/ Research
PLEASE STATE CODE:	PLEASE STATE CODE: