

Attachment F
Cash Payment Receipt form



Centers for Disease Control and Prevention
National Center for Health Statistics
Questionnaire Design Research Laboratory (QDRL)
3311 Toledo Road, Hyattsville, MD 20782



Cash Payment Receipt

I _____ have received \$[fill amount] (cash)
Print Name (First Name, Last Name)

for participating in a 60-minute/90-minute One-on-One Interview/Focus Group evaluating survey questions about [fill topics].

Signature (First name, Last Name)

Date (mm/dd/yy)

For Office Use Only
Project: [fill project name]