OMB No. xxxx-xxxx
Exp. Date xx/xx/xxxx

**Interview Incentive Receipt**

**U.S. Food and Drug Administration**

and

**RTI International**

Thank you for participating in the Evaluation of the Fresh Empire Campaign on Tobacco.

In appreciation of your participation in this important study, you are eligible to receive $25 in cash.

Since maintaining the confidentiality of your information is important to us, your name will not be entered on this form. However, the interviewer must sign and date this form to certify you received (or declined) the cash incentive.

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Interviewer Date Case ID

 □ Accepted Cash Incentive □ Declined Cash Incentive