**Supporting Statement for OMB Clearance for the Study of Non-Response to the School Meals Application Verification Process**

**Appendix** **37**

**Respondent Payment Log**

DATA COLLECTOR’S NAME:

DISTRICT:

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| --- | --- | --- | --- | --- |
| **CARD NUMBER** | **RESPONDENT NAME** | **RESPONDENT SIGNATURE** | **INTERVIEWER SIGNATURE** | **DATE** |
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***Enter the card number, respondent name and ask the respondent to sign the third column. Return to [FIELD MANAGER NAME], 707 Alexander Road, Building 3, Suite 304, Princeton NJ 08540. Please send weekly.***