

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

Appendix 37

Respondent Payment Log



SCHOOL MEAL APPLICATION STUDY

RESPONDENT PAYMENT LOG FOR \$25 VISA GIFT CARDS

DATA COLLECTOR'S NAME: _____

DISTRICT: _____

CARD NUMBER	RESPONDENT NAME	RESPONDENT SIGNATURE	INTERVIEWER SIGNATURE	DATE

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.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average three minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.