

Attachment O
Purdue University
Payment Form

HUMAN SUBJECTS LOG

"I hereby certify that the account below is just and correct, that the amount stated was legally due, after allowing all just credits, and that the amount stated has been PAID IN FULL."

- a. Cash
- b. Checking Account

	Date	Typed Name	Signature	Rate	Amount Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
				TOTAL	

Project Director	Date
Project Account Number	Project Period
Protocol Number	

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 0536-0076 (approved on 07/07/2017, expires on 07/31/2020). The time required to complete this experiment is estimated to be 90 minutes or less, including the time for reviewing instructions and completing the experiment. This information collection is conducted under the authority of 7 U.S.C. 2204 (a) and 7 U.S.C. 2026 (a)(1).