Receipt Form: Usability Test Compensation (Adult)

Please sign below to indicate that you have received the promised compensation for your participation in testing today.

## Date: \_\_\_\_\_\_\_\_\_

## Amount received: \_\_\_\_\_\_\_\_\_

## Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please sign your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank you!

We appreciate your participation.

*Test: (Site name) \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_*