



ACKNOWLEDGEMENT OF CASH INCENTIVE PAYMENT

AS549

Name of Workshop/Research Study _____

Account # _____ Contact/Principal Investigator (PI) _____ Phone _____

Dates of Participation _____ to _____ Approved by _____ Date _____

LSUID	Name	Address	City/State/Zip *	Amt Received	Signature

* Payments to nonresident aliens must comply with the procedures set forth in FASOP: AS-04