



**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