



# UNIVERSITY OF MARYLAND

Participant Incentives Reimbursement Form

UM IRB # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

UM Project title: \_\_\_\_\_

UM Supervising Faculty Member: \_\_\_\_\_

UM Graduate Student: \_\_\_\_\_

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

Our class of \_\_\_\_\_ students participated in a project conducted by \_\_\_\_\_ on  
\_\_\_\_\_. Students received \_\_\_\_\_ \* benefitting  
our classroom/school for their participation in the study.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University of Maryland Supervising Professor

Contact information (for UM Faculty Member):

\*For meal purchases, please attach a class roster with the names of students