



Veterans Walk for Health Study Payment Record

Visit (circle one) 1 2 3 4 5 other: _____

I, _____ have been paid one \$10 gas card or
\$10 phone card (serial number _____) given to me by _____
for my participation in the Veterans Walk for Health Study.

Participant SIGNATURE

Study representative SIGNATURE

Participant (print name)

Study representative (print name)

____/____/____
Date

____/____/____
Date



Veterans Walk for Health Study Payment Receipt

Visit (circle one) 1 2 3 4 5 other: _____

I, _____ have been paid one \$10 gas card or
\$10 phone card (serial code number _____) given to me by _____
for my participation in the Veterans Walk for Health Study.

Participant SIGNATURE

Study representative SIGNATURE

Participant (print name)

Study representative (print name)

____/____/____
Date

____/____/____
Date