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| **SUBJECT PAYMENT/STIPEND LOG** | | | | | | | |
| **PI Name:** Click or tap here to enter text. | | | **Protocol:** Click or tap here to enter text. | | | **Payment Type:**  ClinCard Gift Card | |
| **Subject ID** | **Date of Payment** | **Amount of Payment** | | **Card Number** | **Name of Disburser** | | **Signature of Disburser** |
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