



Foundation for Atlanta *Veterans* Education and Research

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HONORARIA

To: Foundation for Atlanta Veterans Education and Research, Inc.

Date: _____

Please issue a check in the amount of \$ _____ to:

Name _____

Social Security # _____

Address _____

City _____ State _____ Zip _____

Full and Complete Justification:

I certify that this expenditure was necessary to support my approved research project or, if the fund account indicated is a general donation account, I certify that the expense is within the scope of the donor's intent.

Please charge these expenses to my FAVER Grant ID:

Signatures required:

Principal Investigator _____ Date: _____

Approved by:

FAVER Executive Director _____ Date: _____

FAVER Director _____ Date: _____

Second Signature Required if over \$1,000