



1670 CLAIRMONT ROAD (151F)
DECATUR, GEORGIA 30033
VOICE: 404.728.4856
FAX: 470.300.8490
www.faver.foundation

PAYMENT FOR CONTRACTUAL SERVICES

Please remit payment in the amount of \$ _____ for services performed: _____.

Payment is to be made payable to:

Name

If Individual – Last Name, First Name

If Company – No Acronyms

Address

Street

Apartment Number

City

State

Zip

Social Security/Tax ID # _____

Please charge these expenses to my Research Account in the Foundation identified as
FAVER Grant ID: _____

I certify that the contract services have been performed and all the necessary reports have been delivered according to the scope of the contract. The above individual is qualified to do the work and the pay is reasonable for this work.

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

Signatures required:

Principal Investigator _____

Date: _____

Approved by:

FAVER Executive Director _____

Date: _____

FAVER Director _____

Date: _____

Second Signature Required if over \$1,000