



Foundation for Atlanta *Veterans* Education and Research

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REIMBURSEMENT OF PERSONAL PAYMENTS FOR PROJECTS

To Foundation for Atlanta Veterans Education and Research, Inc.

Date

Please remit payment in the amount of \$: _____ to: _____

Name

For Items Purchased At (Name of Store)*:

Date of Purchase

Purchase Order #

* Attach original store receipt(s)

Please charge these expenses to my Research Account in the Foundation identified as

FAVER Grant ID:

Full and Complete Justification*:

* If purchase was not pre-approved by FAVER, please include justification as to why FAVER's policy was not followed:

I 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 \$1,500