



Foundation for Atlanta *Veterans* Education and Research

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

REIMBURSEMENT OF PERSONAL PAYMENTS FOR PROJECTS

To Foundation for Atlanta Veterans Education and Research, Inc.

Date

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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:

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Full and Complete Justification\*:

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

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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.

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Signatures required:

Principal Investigator \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

FAVER Executive Director \_\_\_\_\_ Date: \_\_\_\_\_

FAVER Director \_\_\_\_\_ Date: \_\_\_\_\_

Second Signature Required if over \$1,000