



Foundation for Atlanta *Veterans* Education and Research

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### STUDY SUBJECT CASH PAYMENT FORM

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

Date: \_\_\_\_\_

*The person identified below has participated in this project as a subject on the following date:*

For Visit Number: \_\_\_\_\_

Subject has received cash for participation in this study in the amount of \$ \_\_\_\_\_

Subject Name \_\_\_\_\_

Study Subject ID# \_\_\_\_\_

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

*I certify that this expenditure was necessary to support my approved research project and that I have released the above amount.*

Signature required:

Project Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

### RECEIPT OF PAYMENT

I CERTIFY THAT I HAVE RECEIVED THE AMOUNT ABOVE ON THIS DATE FOR MY PARTICIPATION IN THIS STUDY.

Subject's Signature \_\_\_\_\_ Date: \_\_\_\_\_