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STUDY SUBJECT PAYMENT REQUEST FORM

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

Date: _____

The below named person has participated in this project on the following date(s):

Visit number(s):

The participant is to be compensated in the amount of \$

Check box for pickup. For pickup call ext.

Please issue check by Date

Name _____

Study Subject ID# _____

Address _____

City _____ State _____ Zip _____

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. 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 Controller _____ Date: ____/____/____

FAVER Director _____ Date: ____/____/____

Second Signature Required if over \$1,000