



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

PURCHASE ORDER # FAVER

To: *Purchasing (orders@faver.foundation)*

Vendor:
 (Name and Phone No.) _____

Bill To: Foundation for Atlanta Veterans Education and Research, Inc. 1670 Clairmont Road (151F) Decatur, GA 30033 Fax: 470.300.8490	Ship To: Name _____ Facility _____ Address _____ Room # _____ City, State ZIP _____
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Contact Information:
 (Phone # and Email Address) _____

Date Submitted	FAVER Grant ID	Investigator Signature*

**By my signature, I certify this order as necessary to my research or education activity.*

Justify research-related purpose of this expenditure with detail:

If this order includes the purchase of any radioisotopes, the VA Radiation Safety Officer must approve prior to ordering.

Approved by: _____

Foundation approval required for purchases over \$500.

Approved by: _____

FAVER Executive Director

Authorized board member approval required for purchases over \$1,500

FAVER Board Member

Quantity	Catalog #	Description	Unit Price	Total

Conf # _____	Delivery Date _____	Subtotal: _____	
P/S Rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Type <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Check	Shipping & Handling: _____	
Bar Code # (if applicable)	EE # (if applicable)	Sales Tax: _____	
		TOTAL: _____	

NOTE: ALL PACKING SLIPS MUST BE SIGNED, DATED AND FAXED TO 470.300.8490

* *Information regarding our terms and conditions can be found [here](#).*