



Foundation for Atlanta *Veterans* Education and Research

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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 Accounting Manager \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Second Signature Required if over \$1,000