



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.): \_\_\_\_\_

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

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

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

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