

# REQUEST FOR PAYMENT-PRESENTER

*GVSU EMPLOYEE*

	PRESENTER NAME: _____
	G#: _____

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## HONORARIUM

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

### BILL TO:

Charter Schools Office

DATE	ACTIVITY/ EVENT	QUANTITY (HOURS)	UNIT PRICE (PER HOUR)	AMOUNT DUE
			<b>TOTAL</b>	

If travel expenses have incurred, please attach a GVSU travel and expense reimbursement form with any supporting documentation required.

Submit Honorarium with supporting documentation to:

**Grand Valley State University  
Charter Schools Office  
201 Front Avenue S.W., Suite 310  
Grand Rapids, MI 49504**

**For Office Use Only**

\_\_\_\_\_  
Approved, Head of Authorized Agent, Printed Name and Date

\_\_\_\_\_  
Approved, Head of Unit or Authorized Agent, Signature

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*GVSU EMPLOYEE*

Fund: 120739-20500-6152-300

Position: 661241