REQUEST FOR PAYMENT-PRESENTER

GVSU EMPLOYEE

PRESENTER NAME: _____
G#: _____

Address: 123 Street Name
Suite A
Grand Rapids, MI 49504

Phone: 555-555-5555
Fax: 555-555-5555
E-mail: YourEmail@example.com

HONORARIUM

Due Date:_____

BILL TO:

Charter Schools Office
201 Front Avenue SW
Suite 310
Grand Rapids MI 49504

DATE	ACTIVITY/ EVENT	QUANTITY (HOURS)	UNIT PRICE (PER HOUR)	AMOUNT DUE
				$0.00
				$0.00
				$0.00
DATE	**DESTINATION**	**MILEAGE**	**.50 PER MILE**	**AMOUNT DUE**
			$0.50	$0.00
			$0.50	$0.00
			$0.50	$0.00
			TOTAL	$0.00

Supporting documentation is **REQUIRED** for all additional reimbursements. Please attach proof of payment/receipt.

Submit Honorarium to:
Grand Valley State University
Charter Schools Office
201 Front Avenue S.W.
Suite 310
Grand Rapids, MI 49504

REQUEST FOR PAYMENT-PRESENTER

GVSU EMPLOYEE

Fund: 120739-20500-6152-300

Position: 661241