

REQUEST FOR PAYMENT-PRESENTER

NON GVSU EMPLOYEE

	PRESENTER NAME: _____
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Address: _____ Phone: _____
_____ Fax: _____
_____ E-mail: _____

INVOICE

Date : _____

BILL TO:

Charter Schools Office

DATE	ACTIVITY/ EVENT	QUANTITY (HOURS)	UNIT PRICE (PER HOUR)	AMOUNT DUE
DATE	DESTINATION	MILEAGE	.51 PER MILE	AMOUNT DUE
			TOTAL	

Supporting documentation is **REQUIRED** for all reimbursements.

Please attach:

- Proof of payment/receipt

Submit Invoice with supporting documentation to:

Grand Valley State University
Business & Finance Office
I Campus Drive
201 Lake Michigan Hall
Allendale, MI 49401

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