

# REQUEST FOR PAYMENT-PRESENTER

NON GVSU EMPLOYEE

	PRESENTER NAME: _____
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Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## INVOICE

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
DATE	DESTINATION	MILEAGE	.50 PER MILE	AMOUNT DUE
			TOTAL	

A W9 form, if not already provided, is **REQUIRED** for payment. Please attach proof of payment/receipt for all additional reimbursements.

Submit Invoice to:  
**Grand Valley State University**  
**Business & Finance Office**  
**I Campus Drive**  
**201 Lake Michigan Hall**  
**Allendale, MI 49401**

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