REQUEST FOR PAYMENT-CHARTER ACADEMY

CHARTER SCHOOL NAME:

Address: 123 Street Name
Suite A
Grand Rapids, MI 12345

Phone: 555-555-5555
Fax: 555-555-5555
E-mail: your@email.here

INVOICE

Date: _____

BILL TO:

Charter Schools Office

DATE	EVENT/ACTIVITY	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT DUE
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				TOTAL	$0.00

Supporting documentation is **REQUIRED** for all reimbursement.
Please attach:

- Proof of payment/receipt

Submit invoice with supporting documentation to:

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

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