

REQUEST FOR PAYMENT-CHARTER ACADEMY

	CHARTER SCHOOL NAME: _____
---	----------------------------

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

INVOICE

Due Date: _____

BILL TO:

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

DATE	EVENT/ACTIVITY	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT DUE
				TOTAL	

Supporting documentation is **REQUIRED** for reimbursement. Please attach proof of payment/receipt to invoice.

Submit invoice with supporting documentation to:

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

REQUEST FOR PAYMENT-CHARTER ACADEMY