


TUITION/CONFERENCE REIMBURSEMENT

	CHARTER ACADEMY NAME: _____
	IS THIS SCHOOL MANAGED BY NATIONAL HERITAGE ACADEMIES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF, YES PLEASE MAKE CHECKS PAYABLE TO NATIONAL HERITAGE ACADEMIES 3850 BROADMOOR SE SUITE 201, GRAND RAPIDS, MI 49512

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

INVOICE

Due Date: _____

STUDENT INFORMATION: (IF APPLICABLE)

Student Name: _____
 Student G Number: _____
 Job Title: _____

BILL TO:

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

I acknowledge that reimbursement payments will be made to my charter school or applicable educational management company. In return, my charter school or applicable educational management company will reimburse my qualified expense(s).

X _____
 Student Signature

DATE	COURSE/CONFERENCE	CREDITS/DAYS	AMOUNT DUE
TUITION TOTAL			
REIMBURSEMENT TOTAL			
<small>*SHOULD EQUAL 50% OF TUITION TOTAL</small>			

Supporting documentation is **REQUIRED** for reimbursement. Please attach proof of payment/receipt and unofficial transcript.

Submit invoice with supporting documentation to:

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

TUITION/CONFERENCE REIMBURSEMENT