


REQUEST FOR PAYMENT- SB-CEU

	NAME: _____
	NAME OF SCHOOL: _____

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

INVOICE

Date : _____

BILL TO:

Charter Schools Office

DATE	WORKSHOP ATTENDED	AMOUNT DUE
TOTAL		

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

Please attach:

- Copy of your unofficial transcript from the State of Michigan website showing proof of credit

Submit Invoice with supporting documentation to:

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

**Reimbursement from Grand Valley State University will be sent directly to your school. Your school is then responsible for issuing a reimbursement to you.*

REQUEST FOR PAYMENT- SB-CEU