



Academy 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 Name	Description	Quantity	Unit Price	Amount Due
				TOTAL	

Supporting documentation is **REQUIRED** for reimbursement. Please attach to invoice.