



# Reimbursement Request Form

## Charter Academy Information

School Name:
Requester:
Street Address:
City, State Zip:
Phone (xxx) xxx-xxxx:
Requester Email Address:

Todays date:

For each form you must select ONE of the request types below and complete JUST the corresponding section. You will need to complete multiple forms for multiple request types.

- Transportation Reimbursement**  
(Maximum reimbursement per event is \$1,000)
- Assessments**  
(SAT, Work Keys)
- Board Policy drafting**  
(new charters only Maximum \$6,000)

**Other:**

Transportation Reimbursement		
Event Date (mm/dd/yyyy):	Total expense	Reimbursement total
Event Name:		

Assessment Reimbursement		
Event Date (mm/dd/yyyy):	Total expense	Reimbursement total
Assessment Name:		

Other Reimbursement		
Event Date (mm/dd/yyyy):	Total expense	Reimbursement total
Event Name:		

Board Policy Drafting (new charters one time Maximum \$6,000)		
Invoice Date (mm/dd/yyyy):	Total expense	Reimbursement total
School Name:		

Email your completed form along with **proof of payment** and **supporting documentation** to:  
[gvsucso@gvsu.edu](mailto:gvsucso@gvsu.edu)

Questions can be directed to: [hallsh@gvsu.edu](mailto:hallsh@gvsu.edu)

### Charter Schools Office Use Only

#### Supplier Invoice Request

Supplier W9: \_\_\_\_\_ IDC: \_\_\_\_\_ SU- \_\_\_\_\_  
 Request received date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Amount approved: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 Check payable to:  
 School \_\_\_\_\_ SINR# \_\_\_\_\_  
 Management Company \_\_\_\_\_ SINR# \_\_\_\_\_  
 Worktag: FD120 P30000 CC0375 DS \_\_\_\_\_ SC \_\_\_\_\_ ACT \_\_\_\_\_  
 Payment: \_\_\_\_\_