



Reimbursement Request Form

Charter Academy Information

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

Current 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		
<i>Event Date (mm/dd/yyyy):</i>	Total expense	Reimbursement total
<i>Event Name:</i>		

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

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

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

Please email your completed form along with proof of payment and supporting documentation to gvsuco@gvsu.edu

Any questions about the form can be directed to Sherri Hall at 616-331-2240.

Office use only

Campus Visits Pre and Post surveys completed? Yes No	Teacher's attendance confirmed by _____	
Approved by: _____ Date: _____	Check request #: _____ Date: _____	
Program: _____	FOAP: _____ -20500- _____ -300	
Check payable to:	Approved reimbursement amount: \$ _____	
<input type="radio"/> School _____	G#: _____	
<input type="radio"/> Management Company _____	G#: _____	
Check paid date: _____ Check # _____	Check mailed date: _____	