

Reimbursement Request Form

Charter Academy Information

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

Today's 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

Questions can be directed to: gvsucso@gvsu.edu