

## 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: [gvsucso@gvsu.edu](mailto:gvsucso@gvsu.edu)