



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

Questions can be directed to: hallsh@gvsu.edu or call Sherri Hall @ 616-331-6939

Office use only

Approved by: _____ Date: _____

Program: _____

Check payable to:

School _____ G#: _____

Management Company _____ G#: _____

Paid date: _____ Check # _____

Campus Visits: Pre & Post surveys completed? Yes No
Teacher's attendance confirmed by _____

Check request #: _____ Date: _____

FOAP: _____ 20500 _____ 300

Approved reimbursement amount: \$ _____