



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)
- Sub Reimbursement**
(Charter Schools Professional Education workshops only)

Other:

Transportation Reimbursement / Assessments / Other		
Event Date (mm/dd/yyyy):	Total expense	Reimbursement total
Event Name:		
Sub Reimbursement Only		
GVSU CSO workshop date (mm/dd/yyyy)		
GVSU CSO workshop name:		
Maximum Reimbursement (1/2 day = \$75, full day = \$150; select one amount per person)		
Teacher Name 1:	<input checked="" type="radio"/> \$75 <input checked="" type="radio"/> \$150	
Teacher Name 2:	<input checked="" type="radio"/> \$75 <input checked="" type="radio"/> \$150	
Teacher Name 3:	<input checked="" type="radio"/> \$75 <input checked="" type="radio"/> \$150	
Teacher Name 4:	<input checked="" type="radio"/> \$75 <input checked="" type="radio"/> \$150	
	Total reimbursement	

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

Please email your completed form along with proof of payment and supporting documentation to gvsucso@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: \$ _____

School _____ G#: _____

Management Company _____ G#: _____

Check paid date: _____ Check # _____ Check mailed date: _____