

INVOICE

(non-GVSU employee presenter)

Presenter Name:
Business Name:
Business Address:
- Street #
- City, State, Zip

Phone:
Email Address:

Bill to: Grand Valley State University
Charter Schools Office
Attn: Administrative Assistant
201 Front Avenue SW - Suite 310
Grand Rapids, MI 49504
616-331-2240

Invoice #:
Invoice date:
Purchase Order #

**Payment due upon receipt*

Description
Date of Session (dd/mm/yyyy) :
Title of Session:
Location of Session:
Time of Session (start time to finish time):
Check payable to:
contracted services fee:

Please email completed form to gvcscope@gvsu.edu

Office use only	
IDC: _____	Current W9: _____
Date sent to payables: _____	
Approved by: _____	Date: _____
Program: _____	
FOAP: _____	20500 _____ 300
Paid date: _____	Check # _____ Mailed: _____