

# 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 workshop (dd/mm/yyyy) :
Title of workshop :
Workshop location :
Time of Workshop (start time to finish time):
Please make check payable to:
Contracted services fee:

**Please email completed form to [gvsucso@gvsu.edu](mailto:gvsucso@gvsu.edu)**

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