

INVOICE

(non-GVSU employee presenter)

Presenter Name:

Business Name:

Street Address:

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
616-331-6939

Invoice #:

Invoice Date:

(Payment due upon receipt)

| Description | |
|--|--|
| Date of workshop (dd/mm/yyyy): | |
| Title of workshop : | |
| Workshop location : | |
| Time of Workshop (start time to end time): | |
| Make check payable to: | |
| Total contracted fee: | |

Please email completed form to gvcscope@gvsu.edu

Office use only

IDC: _____ Current W9: _____

Date invoice received: _____

Payment approved by: _____ Date: _____

Program: _____

FOAP: _____ 20500 _____ 300

Paid date: _____ Check # _____