



Quick Reference Guide
for
Healthcare Coalition Funds Processes
FY25

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Welcome, Facilitators!

This quick reference guide provides essential information on submitting various document requests. Whether you're a seasoned facilitator or new to the role, this guide will help you navigate the following processes:

Purchase Order Request:

Purpose: To request that GHA purchase goods or services on behalf of the Coalition.

Payment Request:

Purpose: To initiate payments for invoices or reimbursements.

Vendor Request:

Purpose: To add vendors/individuals to our payment system.

Budget Reallocation:

Purpose: To adjust budget allocations between budget line items; or to request the addition of a new budget line item.

Travel Reimbursement:

Purpose: To claim travel-related expenses.

Training Course:

Purpose: To obtain necessary approval for Coalition sponsored training events.

Remember, this guide is a quick reference. If you have any questions, feel free to ask.

Coalition Support can be reached at CoalitionSupport@gha.org.

PURCHASE ORDER FORM

Purpose: *To request that GHA purchase goods or services on behalf of the Coalition.*

Subject Line: Region Letter: Purchase Order: Vendor or Payee - What is being Purchased

Example: Region N: Purchase Order Form: Grainger- AC Units

1 request per email



PURCHASE ORDER FORM

Requestor: _____ **Region:** _____ **Date:** _____

Preferred Vendor: _____

Email Address: _____ Phone Number: _____

Is a Vendor Form (including W-9) on file with GHA? Yes ☐ No ☐

Preferred Form of Payment: ACH ☐ Check ☐

Delivery Information (Where are the items being delivered?):

Name of Receiving Facility/Agency: _____

Street Address: _____

City: _____ Zip Code: _____

Delivery Point of Contact Name and Phone Number: _____

Purchase Description							
	Budget Category	Budget Line Item	Item Number	Quantity	Unit Cost	Current Budget Statement Balance	Total Cost
1.	Select One						\$0.00
2.	Select One						\$0.00
3.	Select One						\$0.00
4.	Select One						\$0.00

Comments: _____ **Total:** \$0.00

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO CoalitionSupport@gha.org

Version: July 2025

Line by Line instructions on the next page.

PURCHASE ORDER FORM INSTRUCTIONS

Requestor: Name of person completing the request

Region: Region placing the request

Date: Date the request is being completed

Preferred Vendor: Name of preferred vendor, if applicable

Email Address: For contact person of preferred vendor, if applicable

Phone Number: For contact person of preferred vendor, if applicable

Is the Vendor Form on file with GHA? Yes or No (NOTE: A **new Vendor Form** is required at the beginning of every new fiscal year.)

Preferred Payment: ACH or Check (Found on **Vendor Form** or **Vendor Profile List** found on GHC911)

Delivery Information: Details of where purchase is to be shipped/delivered

Purchase Details

- **Budget Category:** What category on your budget is this purchase being allocated to?
- **Budget Line Item:** What specific line under the Budget Category is this purchase being allocated to?
- **Item Number:** What is the Vendor's catalog item number?
- **Quantity:** How many do you want to purchase?
- **Current Balance from Budget Line:** What is the **current balance** on your budget for this line item?
- **Total Cost:** What is the anticipated total cost for this line item?
 - *Remember to account for taxes and fees once the quote has been received.*

Comments: Any additional information needed to process this request efficiently and effectively.

Two signatures are **required** to process this request – Coalition Facilitator and Coalition Coordinator.

When submitting a **Purchase Order request:**

- If GHA is making the purchase on behalf of the Coalition, we will submit a Request for Quote to the vendor.
- Once the quote is received, we will return it to the Coalition for review and approval.
- Once the signed quote is received from the Coalition, we will place the order with the vendor.

When requesting **payment for completed purchase**, include the following:

- **Signed Packing Slip/Confirmation of Receipt** – ensuring that all items have been received and accounted for

Submit completed and signed **Purchase Order Form** via **Support Request Form** in SmartSuite.


PAYMENT FORM

Purpose: *To initiate payments for invoices or reimbursements.*

Subject Line: Region Letter: Payment Form: Vendor or Payee – Item/Event being paid

Example: **Region N: Payment Form: Time to Dine - Coalition Meeting 3.18.24**

1 request per email



PAYMENT FORM

Use this form when seeking reimbursement for items purchased for Coalition.

Requestor: _____ Region: _____ Date: _____

Make Check Payable To: _____

Address: _____ City, State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Is a Vendor Form (Including W-9) on file with GHA? Yes ☐ No ☐

- If No, please include a completed Vendor Request Form (and W-9, if applicable)

Preferred Form of Payment: ACH ☐ Check ☐

If this payment request is for a Coalition sponsored meeting/training:

*Number who RSVP'd _____ *Number in Attendance _____

Be sure to include all invoices/bills, agenda and sign-in sheet(s) associated with the meeting.

Date	Payment Description	Budget Category & Line Item	Current Total for Budget Line Item	Payment Total

GHA Use Only:

Per Diem Rate: _____ x RSVP _____ = Total Allowable _____ \$0

TOTAL INVOICE DUE: _____ \$0.00

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM WITH INVOICES AND RECEIPTS, AGENDA AND SIGN-IN SHEET(S) TO CoalitionSupport@gha.org

Revised: July 2024

Line by Line instructions on the next page.

PAYMENT FORM INSTRUCTIONS:

Requestor: Name of person completing the request

Region: Region placing the request

Date: Date the request is being completed

Make Check Payable To: Name of person/entity being paid

Address, City, State and Zip: For person/entity being paid

Email Address: For person/entity being paid

Phone Number: For person/entity being paid

Is the Vendor Form on file with GHA? Yes or No (NOTE: A new Vendor Form is required at the beginning of every new fiscal year.)

Preferred Payment: ACH or Check (Found on Vendor Form or Vendor Profile List found on GHC911)

Number who RSVP'd: Number of attendees who registered PRIOR to the event

- This number should include HCF, staff and speakers
- Food orders cannot exceed this number

Number in Attendance: Number of people who attended – based on sign-in sheet(s)

Date: Date of event or purchase

Payment Description: What is being paid for? Name meeting/event/item purchased

Budget Category and Line Item: What specific line item is this payment being taken from on your budget?

Current Total for Budget Line Item: What is the current balance for the allocated line item?

Payment Total: What is the amount being paid for this line?

RSVP: Auto populated

Total Allowable: Auto populated

TOTAL INVOICE DUE: Auto populated

Comments: Any additional information needed to process this request efficiently and effectively.

PER DIEM RATES FOR MEETINGS & EVENTS

Updated per diem rates for ALL Coalition-sponsored events are as follows:

- \$15 for Breakfast
- \$18 for Lunch
- To serve breakfast the meeting must start by 8 am
- To serve **ANY** meal, the meeting must be at least 4 hours and **cannot end with lunch**

Two signatures are required to process this request – Coalition Facilitator and Coalition Coordinator.

Submit completed and signed **Payment Request Form** with the following attachments via the SmartSuite Support Request Form no later than 10 business days from the conclusion of the event.

- Payment Form
- Invoice
- Agenda – with date and times listed
- Sign-In Sheet(s) – with actual signatures (unless previously approved)
- Vendor Form
- W-9 (Businesses ONLY)


VENDOR REQUEST FORM

Purpose: *To vendors to our system*

Subject Line: Region Letter: Vendor Request Form: Name of Vendor/Individual Being Added

Example: Region N: Vendor Request Form: Time to Dine

1 request per email



VENDOR REQUEST FORM

Date: _____ Coalition: _____

Vendor or Individual Information

Individual Name or Company Name: _____

Street Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Please Select which Method of Payment you prefer

☐ Check

- o Make Check Payable To: _____
- o Please Remit Checks To (Physical Address):

☐ Electronic Funds Transfer – *Not applicable for travel reimbursements*

- o Name on Individual's Bank Account: _____
- o Bank Name: _____
- o Routing Number: _____
- o Accounting Number: _____
- o E-mail Address for Remittance Details: _____

W-9 Requirement

☐ W-9 must be completed and returned – *This is not required for individuals.*

Comments: _____

Revised: July 2025

Line by Line instructions on the next page.

VENDOR REQUEST FORM INSTRUCTIONS:

Date: Date the request is being completed

Coalition: Coalition making the request

Vendor or Individual Information:

- **Individual Name or Company Name:** Name of individual or Company being paid by GHA
- **Street Address, City & Zip Code:** Complete address where check is to be mailed
- **Contact Name:** For companies only
- **Contact Phone Number:** For individual or company contact
- **Contact Email Address:** For individual or company contact

Method of Payment:

Check: This option will be mailed to the address provided above.

(Note: ALL travel reimbursements will be paid by check.)

Electronic Funds Transfer (ACH):

- **Name on Bank Account:** Name as indicated on the bank account
- **Bank Name:** Name of the bank where the account is located
- **Routing Number:** Routing number for direct deposits
- **Account Number:** Account number for the account deposit is to be made to
- **Email Address for Remittance Details:** Email address for the person who needs to know what the payment is for

W-9 Requirement – For businesses ONLY

Comments: Any additional information needed to process this request efficiently and effectively.

Submit the [Vendor Request Form](#) via [Support Request Form](#) in SmartSuite.


BUDGET REALLOCATION FORM

Purpose: *To adjust budget allocations between budget line items; or to request the addition of a new budget line item.*

Subject Line: Region Letter: Budget Reallocation Form

Example: **Region N: Budget Reallocation**

1 request per email



BUDGET REALLOCATION FORM

Requester: _____ Region: _____ Date: _____

- Reallocations between line items that are currently budget approved **do not** require approval and should not be included with reallocations that required approval.
- DPH Approval is required for:**
 - Reallocation requests for existing line items that exceed 25% of the total budget amount.
 - A detailed justification needs to be provided below when a new line item is required.

Below please provide the details of the project using the **POETE** analysis structure which contains the following five elements: **Planning, Operations, Equipment, Training and Exercise.**

Justification:

Budget Category Being Reduced	Line Item Being Reduced	Current Balance of Line Being Reduced	Amount Being Reallocated	Budget Category to Be Increased	Line Item Being Increased
Choose One				Choose One	
Choose One				Choose One	
Choose One				Choose One	
Choose One				Choose One	
Choose One				Choose One	
Choose One				Choose One	
Total Amount Being Reallocated			\$0.00		

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO CoalitionSupport@gha.org

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Line by Line instructions on the next page.

BUDGET REALLOCATION FORM INSTRUCTIONS:

Requestor: Name of person completing the request

Region: Region placing the request

Date: Date the request is being completed

Budget Category Being Reduced: Select the Budget Category being reduced

Line Item Being Reduced: Enter the specific line item being reduced

Current Balance of Line Being Reduced: What is the current balance from the budget, of the line being reduced?

Amount Being Reallocated: What is the amount being reallocated? **(Cannot be greater than the Current Balance of Line Being Reduced.)**

Budget Category Being Increased: Select the Budget Category being increased

Line Item Being Increased: Enter the specific line item being increased

****** Moving funds between lines that are currently on your budget does **NOT** require approval and should be submitted separately from requests that need to be approved.

Two signatures are required to process this request – Coalition Facilitator and Coalition Coordinator.

To ensure efficient processing, please do **NOT** send reallocation requests to DPH directly.

Submit completed and signed **Budget Reallocation Form** on the [Support Request Form](#) in SmartSuite.


TRAVEL REIMBURSEMENT FORM

Purpose: *To claim travel-related expenses*

Subject Line: **Region Letter: Travel Form: Name of Traveler or Agency being Reimbursed- Event**

Example: **Region N: Travel Form: Joan Doe: EMAG**

1 request per email



Travel Reimbursement Form

Date:

Coalition:

Traveler Name:

Meeting/Conference:

Have you filled out a vendor form for FY24-25?
 Did you drive a personal or agency vehicle?
 Did you drive yourself or carpool with another attendee?
 Did your agency pay for any expenses related to this conference?
 If yes, provide agency name and what was paid.

Yes ☐ No ☐
 Personal ☐ Agency ☐
 Drove ☐ Carpooled ☐
 Yes ☐ No ☐

If you are a government employee, did you claim exemption of local hotel tax? Yes ☐ No ☐

Travel Dates		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Days of Week									
Current GSA Mileage Rate	0.67								\$0.00
Registration									\$0.00
Hotel									\$0.00
Hotel Taxes and Fees									\$0.00
Hotel Parking									\$0.00
Breakfast Per Diem									\$0.00
Lunch Per Diem									\$0.00
Dinner Per Diem									\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Work Address:

Home Address:

Phone #:

E-Mail:

Provide a zero balance hotel receipt.

Per Diem is based on GSA guidelines. Calculate your mileage from your home or office, whichever is closest to the meeting location. The mileage map needs to show round trip. All Travel Reimbursement will be Check

Comments

Coalition Facilitator Signature:

Coalition Executive Signature:

Date:

Date:

Revision: July 2024

Line by Line instructions on the next page.

TRAVEL REIMBURSEMENT FORM INSTRUCTIONS:

Date: Date the request is being completed

Coalition: Coalition making the request

Traveler Name: Name of person traveling

Meeting/Conference: Name of Event

Have you filled out a Vendor Form for FY25: A new Vendor Form is required every fiscal year

Did you drive yourself or carpool with another attendee? Check the applicable box

Did your agency pay for any expenses related to this conference? Check the applicable box

If yes, **provide the agency's name and what was paid.** – Provide the name of the agency and what expenses were paid. **NOTE: A copy of the reimbursement form for that agency needs to be included with the submission.**

If you are a government employee, did you claim exemption of local hotel tax?: Check the applicable box

Travel Dates (Drop Down): Enter the dates for the week of travel


Two signatures are [required](#) to process this request – Coalition Facilitator and Coalition Coordinator.

Submit the [Travel Reimbursement Form](#) along with the following attachments via the [Support Request Form](#) in SmartSuite within 10 business days, but no later than 30 calendar days of purchase/travel:

- **Copy of Outside Reimbursement Form**, if applicable – *when traveler is being reimbursed by multiple agencies*
- **Zero Balance Hotel Bill** – **Reminder: 3rd party reservations are NOT ELIGIBLE for reimbursement**
 - Prior approval from GHA is required for all non-hotel stays – this includes campsites
- **All Eligible Receipts** - bank statements are **not** acceptable
- **Roundtrip Mileage Map** from point of origin to **CONFERENCE LOCATION** – *not to hotel*
- **Conference Agenda** (EMAG and NHCP excluded)
- **Vendor Request Form**
- **Acknowledgement Form**, if applicable (EMAG)

TRAINING COURSE FORM

Purpose: *To obtain approval for new coalition-sponsored courses.*



TRAINING COURSE FORM

Date: _____ **Coalition:** _____

Course Information

Course Name: _____

Offered By: _____

Primary Instructor: _____

Training Description: _____

Gaps, Risks, and/or Corrective Actions Addressed: _____

Registration Open Date: _____

Maximum Number of Participants: _____

Anticipated Course Cost(s): _____

Course Schedule

Day 1	Date: _____	Start/End Times: _____	_____
Day 2	Date: _____	Start/End Times: _____	_____
Day 3	Date: _____	Start/End Times: _____	_____
Day 4	Date: _____	Start/End Times: _____	_____
Day 5	Date: _____	Start/End Times: _____	_____

Additional Information/Comments: _____

SUBMIT COMPLETED FORM TO DPH AT EPR.training@dph.ga.gov

Revision: July 2024

Line by Line instructions on the next page.

TRAINING COURSE FORM INSTRUCTIONS:

Date: Date the request is being completed

Coalition: Coalition making the request

Course Information:

- **Course Name:** Name of course being requested
- **Offered By:** Name of person/agency offering the course
- **Primary Instructor:** Name of the main instructor
- **Training Description:** Describe the course
- **Gaps, Risks and/or Corrective Actions Addressed:** Specify the gaps, risks and/or corrective actions that this course will address

Registration Open Date: Enter the date that registration opens

Maximum Number of Participants: Enter the maximum number of participants that can attend

Anticipated Course Cost(s): Enter all anticipated costs associated with sponsoring this course

Course Schedule: Enter the dates and times that this course will be held

Additional Information/Comments: Any additional information needed to process this request efficiently and effectively.

The **Training Course Form** should be submitted to EPR.training@dph.ga.gov

OFFERINGS

An “Offering” is defined as any Coalition hosted training, meeting, conference or exercise and must be entered into the **Training Registration System (TRS)**.

PRE-OFFERING

- Create and advertise the Offering in TRS.
- Manage registrations in TRS.
- Cancellations of events should be communicated to Coalition Support via CoalitionSupport@gha.org AS SOON AS POSSIBLE.
 - GHAREF will work to avoid cancellation penalties, but Coalition members may be charged and liable for cancellation fees.
- Refer to the Approved Coalition Training Providers appendix for a listing of currently approved training providers.

TRAINING COURSE FORMS should be submitted no later than 60 calendar days prior to the training to EPR.training@dph.ga.gov. If there is no response within two (2) business days, please submit the completed form to DPH-EPR-CoalitionSupport@dph.ga.gov.

If applicable, **EVENT LOGISTICS REQUEST FORMS** should be submitted to CoalitionSupport@gha.org no later than 60 calendar days prior to the event.

POST-OFFERING

- Update attendance in TRS based on the sign-sheet(s).
- Close out the offering in TRS within 7 days from the conclusion of the event.