

PAYMENT FORM

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

Requestor: _____ Region: _____ Date: _____

Make Payment Payable To: _____

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 _____

TOTAL INVOICE DUE: _____

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