

PAYMENT FORM

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

Date: _____ Coalition: _____

WHO IS BEING REIMBURSED? _____

Payment Information

Name: _____

Phone Number: _____

Email Address: _____

Vendor (Including W9) or Individual Financial reimbursement information on file with GHA?

Yes No ACH Check

If no, you will need to fill out the vendor request form to get added to the GHA system.

If this payment request is for a meeting:

*Number who RSVP'd _____ *Number who attended _____

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

Date	Vendor/Individual/Agency	Payment Description	Budget Line Item	Payment Total

TOTAL INVOICE DUE: \$

Comments: _____

Coalition Facilitator Signature: _____

Date: _____

Coalition Executive Signature: _____

Date: _____

SUBMIT COMPLETED FORM WITH SIGN IN SHEET, AGENDA, INVOICES AND RECEIPTS TO coalitionsupport@gha.org