

# 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](mailto:CoalitionSupport@gha.org)**