



## GCHAxCAP stipend Invoice

### Information (who will be receiving the stipend?)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current year's W9 on File with GCHA?:  Yes  No (If no, please attach)

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### What's this stipend for?

**Workshop or Networking Meeting**

**Other Meeting/Event**

### Event Information

Event Description: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

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Community Ambassador

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(GCHA will fill out the "approved by" line below)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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