



GCHAxCAP case study 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)

What's this stipend for?

___ **Workshop or Networking Meeting**

___ **Other Meeting/Event**

Event Information

Event Description: _____

Location: _____

Date: _____

Community Ambassador

Signature: _____ Date: _____

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

Approved by: _____ Date: _____
