



Utah Public Health Association
 PO Box 9387
 Millcreek, UT 84109
 Fax: 801-930-5914

2017 REQUISITION

Date Prepared: ___ / ___ / ___

Payment Requested By: ___ / ___ / ___

Pay to: _____ _____ _____	AMOUNT: \$ _____ Taxes: _____
Group: _____ Account Code: _____ Category: _____	
Member Services 1.2 Awards 2.1 UPHA Main Conference 2.1.1 CDC/APHA Accreditation Grant 2.1.2.x Accr Grants .1 UIHAB .2 UDOH 2.1.3 Smith's Community Rewards 2.1.5 CHW Conference 2.1.6 Cancer Control BeWise Pre Conference 2.1.7 Integrative Health Pre Conference 2.1.8 Trevor Project Pre Conference 2.2 Forums, Educational Webinars & Events 2.4 Scholarships, Relations with Academics 2.3 Membership 2.5 APHA Affiliate Relationship 2.7 Board of Directors 2.8 Centennial Gala 2.9 UPHA Golf Tournament 2.10 Early Career Professional 3.1b Resource Development & Community Grants	Advocacy / Policy 1.5.1 Annual Policy & Advocacy Summit 1.5.2 Legislative Break Sponsorship 1.5.3 Lobbying
Fiscal 3.2.1 Financial Reporting 3.7 Bookkeeping	Communications 2.6 Communications 2.6.1 Web Site Design & Administration
Sections/ Assemblies/ SPIGs 2.3.2a Organizing Sections 2.3.2b Student Assembly 2.3.2c Nutrition & Dietetics 2.3.2d Nutrition & Dietetics Restricted Fund 2.3.2e Community Health Workers	Advocacy APHA Conference Association Staff AV Rental Awards / Contributions / Memberships Bank Charges Communications Contract Services Donation from Golf Tournament Equipment Food / Luncheons / Catering Golf Expenses Insurance Office Supplies Pass Through Funds Professional / Honorariums / Legal Refund Rent Repair / Maintenance Room Rental Scholarship Software Taxes Transfers Travel Utilities
Operations 3.1 Expand Resource Development 3.1b Resource Development / Community Grants 3.1.1 IHC CHW Grant 3.2.2 Financial Reporting 3.7 Bookkeeping 3.8.1 Business Planning 3.8.2 Coordinate Support Institutions 3.8.3 Business and Office Functions 3.8.4 Association's Info Tech Systems & Components 3.9 Director & Staff 4.0 Savings Fund 4.1 Endowment Fund	
AUTHORIZING SIGNATURE: _____	
AUTHORIZED BY: _____	PHONE: _____

EXPLANATION & DETAILS:

Credit Card Payment Date: : ___ / ___ / ___ Payment by Check # _____ Check Date: ___ / ___ / ___