



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

2018 REQUISITION

Date Prepared: ___ / ___ / ___

Payment Requested By: ___ / ___ / ___

Pay to: _____

AMOUNT: \$ _____

Taxes: _____

Group: _____ Account Code: _____

Category: _____

- Member Services
 - 1.2 Awards
 - 2.1 UPHA Main Conference
 - 2.1.2.x CDC/APHA Accreditation Grant
 - 2.1.2 Accreditation Grants
 - 2.1.21 Accreditation Grants -UIHAB
 - 2.1.22 Accreditation Grants - Tooele
 - 2.1.3 Smith's Inspiring Donations
 - 2.1.4 Amazon Smile Donations
 - 2.1.5 CHW Conference
 - 2.1.6 Cancer Control BeWise Pre Conference
 - 2.2 Professional Development
 - 2.2.1 Early Career Professional
 - 2.1.15 CDC Pink Book Course
 - 2.1.16 Prevention Pre Conference
 - 2.1.17 Leadership Pre Conference
 - 2.2.2 Educational Webinars & Forums
 - 2.3 Membership
 - 2.4 Scholarships, Relations w/ Academics
 - 2.5 APHA Affiliate Relationship
 - 2.7 Board of Directors
 - 2.9 Golf Tournament
- Advocacy / Policy
 - 1.5 Advocacy - General
 - 1.5.1 Advocacy Conference
 - 1.5.2 Legislative Break Sponsorship
- Fiscal
 - 3.1 Resource Development
 - 3.2.2 Financial Reporting
 - 3.7 Bookkeeping
 - 3.1.1 IHC CHW Grant
 - 4.2 Endowment Fun -Community & Board
- Communications
 - 2.6 Communications for UPHA
 - 2.6.1 Web Site Design & Administration
 - 2.6.2 Newsletter / Social Media
- Sections / SPIGs
Assemblies/
 - 2.3.2a Sections & Special Interest Groups
 - 2.3.2b Student Assembly
 - 2.3.2c Nutrition & Dietetics
 - 2.3.2d Nutrition & Dietetics Restricted Fund
 - 2.3.2e Community Health Workers Section
 - 2.3.2f Immunization SPIG
 - 2.3.2g Immunization SPIG Restricted Fund
- Operations
 - 3.8.1 Business Planning
 - 3.8.2 Coordinate Support Institutions
 - 3.8.3 Business / Office / Support Institutions
 - 3.8.4 Association's Info Tech
 - 3.9 Director & Staff
 - 4.0 Savings & Rainy Day Fund

EXPENSE CATEGORY:

- Advocacy
- APHA Conference
- Association Staff
- AV Rental
- Awards / Contributions / Memberships
- Bank / Finance Charges
- Communications / Phone
- Contract Services
- Donations
- Equipment
- Food / Luncheons / Catering
- Information Technology
- Insurance
- Lobbying
- Office Supplies
- Pass Through Funds
- Professional / Honorariums / Legal
- Refunds
- Rent - Office
- Rent - Rooms
- Repair / Maintenance
- Reservations
- Scholarships
- Software
- Taxes
- Travel
- Utilities

AUTHORIZING SIGNATURE: _____

AUTHORIZED BY: _____

PHONE: _____

EXPLANATION & DETAILS:

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