



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

2016 INVOICE

Date Prepared: ___ / ___ / ___

Payment Requested By: ___ / ___ / ___

Bill to: _____ _____ _____	AMOUNT: \$ _____ Invoice: _____
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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 UCHD .2 UIHAB .3 UDOH .4 SHIP 2.1.3 Smith's Community Rewards 2.1.5 CHW Pre Conference 2.1.6 Disaster Recovery Pre Conference 2.1.7 Integrative Health Pre Conference 2.1.8 UDOH Strategic Plan Pre Conference 2.2 Educational Webinars & Events 2.2.4/2.4 Scholarships, Relations with Academics 2.3 Membership 2.5 APHA Affiliate Relationship 2.7 Board of Directors 2.9 UPHA Golf Tournament 3.1b Resource Development & Community Grants	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 Sponsor Taxes Transfers Travel Utilities
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 and Practices 3.7 Treasurer Elect / Bookkeeper	
Communications	2.6 Communications 2.6.1 Web Site Design & Administration	
Sections/ Assemblies/ SPIGs	2.3.2a Organize Sections 2.3.2b Student Assembly 2.3.2c Nutrition & Dietetics 2.3.2d Nutrition & Dietetics Restricted Fund 2.3.2e Community Health Workers	
Operations	3.1 Expand Resource Development 3.1b Resource Development / Community Grants 3.1.1 IHC CHW Grant 3.2.1/3.3 Budget Tied to Strategic Plan 3.2.2 Financial Reporting 3.7 Bookkeeping 3.8.1 Business Planning 3.8.2 Coordinate Support Institutions 3.8.3 Maintain Business and Office Functions 3.8.4 Maintain Association's Info Tech Systems & Components 3.9 Director & Staff	
AUTHORIZING SIGNATURE: _____		
AUTHORIZED BY: _____		PHONE: _____

EXPLANATION & DETAILS: