



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

2016 REQUISITION

Date Prepared: ___ / ___ / ___

Payment Requested By: ___ / ___ / ___

Pay to: _____ _____ _____	AMOUNT: \$ _____ Taxes: _____
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Group: _____	Account Code: _____	Category: _____
Member Services Advocacy / Policy Fiscal Communications Sections/ Assemblies/ SPIGs Operations	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 2.8 Centennial Gala 2.9 UPHA Golf Tournament 3.1b Resource Development & Community Grants 1.5.1 Annual Policy & Advocacy Summit 1.5.2 Legislative Break Sponsorship 1.5.3 Lobbying 3.2.1 Financial Reporting and Practices 3.7 Treasurer Elect / Bookkeeper 2.6 Communications 2.6.1 Web Site Design & Administration 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 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	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
AUTHORIZING SIGNATURE: _____		
AUTHORIZED BY: _____	PHONE: _____	

EXPLANATION & DETAILS:

Check # _____ Check Date: ___ / ___ / _____