



Utah Public Health Association
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 Millcreek, UT 84109
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2017 INVOICE

Date Prepared: ___ / ___ / ___

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Bill to: _____ _____ _____	AMOUNT: \$ _____ Invoice: _____
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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 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 1.5.1 Annual Policy & Advocacy Summit 1.5.2 Legislative Break Sponsorship 1.5.3 Lobbying 3.2.1 Financial Reporting 3.7 Bookkeeping 2.6 Communications 2.6.1 Web Site Design & Administration 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 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	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: