

## Utah Public Health Association PO Box 9387 Millcreek, UT 84109

Fax: 801-930-5914

INV

2018 INVOICE

Date Prepared:	 Payment Requested By: / //		
Bill to:	AMOUNT: \$		
	UPHA Invoice #:		

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Group:	Accoun	t Code:	Category:
Member Services	1.2	Awards	Advocacy
	2.1	UPHA Main Conference	APHA Conference
	2.1.1	CDC/APHA Accreditation Grant	Association Staff
	2.1.2.x	Accr Grants .1 UIHAB .2 UDOH	AV Rental
	2.1.3	Smith's Inspiring Donations	Awards / Contributions / Memberships
	2.1.5	CHW Conference	Bank Charges
	2.1.6	Cancer Control BeWise Pre Conference	Communications
	2.1.7	Integrative Health Pre Conference	Contract Services
	2.1.8	Trevor Project Pre Conference	Donation from Golf Tournament
	2.2	Forums, Educational Webinars & Events	Equipment
	2.4	Scholarships, Relations with Academics	Food / Luncheons / Catering
	2.3	Membership	Golf Expenses
	2.5	APHA Affiliate Relationship	Insurance
	2.7	Board of Directors	Office Supplies
	2.8	Centennial Gala	Pass Through Funds
	2.10	Early Career Professional	Professional / Honorariums / Legal
	2.11	Amazon Smile Donations	Refund
	3.1b	Resource Development & Community Grants	Rent
Advocacy / Policy	1.5.1	Annual Policy & Advocacy Summit	Repair / Maintenance
	1.5.2	Legislative Break Sponsorship	Room Rental
	1.5.3	Lobbying	Scholarship
Fiscal	3.2.1	Financial Reporting	Software
	3.7	Bookkeeping	Taxes
Communications	2.6	Communications	Transfers
	2.6.1	Web Site Design & Administration	Travel
Sections/	2.3.2a	Organizing Sections	Utilities
Assemblies/	2.3.2b	Student Assembly	
SPIGs	2.3.2c	Nutrition & Dietetics	
	2.3.2d	Nutrition & Dietetics Restricted Fund	
	2.3.2e	Community Health Workers	
	2.3.2f	Immunization SPIG / Section Restricted Fund	
Operations	3.1	Expand Resource Development	
o por uno mo	3.1b	Resource Development / Community Grants	
	3.1.1	IHC CHW Grant	
	3.2.2	Financial Reporting	
	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	
<b>AUTHORIZING SIG</b>	NATURE:		
ALITHODIZED DV.		BUOL	ME.
AUTHORIZED BY:		PHONE:	

## **EXPLANATION & DETAILS:**