



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

2019 REQUISITION

Date Prepared: ___ / ___ / ___

Payment Requested By: ___ / ___ / ___

Pay to: _____ _____ _____ _____	Amount: \$ _____ Taxes: \$ _____ TOTAL AMOUNT: \$ _____
--	--

Group: _____	Account Code: _____	Category: _____
Member Services Advocacy / Policy Fiscal Communications SPIG/Sections Operations	1.01 Awards 1.02 UPHA Main Conference 1.02.1 Pre-Conference 1.03 Accreditation Grants 1.04 Donations 1.05 Professional Development 1.06 Membership 1.06.1 Member Database System 1.07 Scholarships - Academics 1.08 Board of Directors 1.09 Golf Tournament 1.10 APHP Affiliate Relationship 2.01 Advocacy Development 2.02 Legislative Break Sponsorship 2.03 Advocacy Conference/Summit 2.04 Lobbying 3.01 Resource Development 3.02 Endowment Fund – Mini Grants 4.01 Marketing 4.02 Website 5.01 Student Assembly 5.02 Nutrition & Dietetics SPIG 5.02.1 Nutrition & Dietetics Restricted Funds 5.03 CHW Section 5.03.1 CHW Conference 5.04 Immunization SPIG 5.04.1 Immunization SPIG Restricted Funds 6.01 Business/Office/Support 6.02 Accounting & Bookkeeping 6.03 Director & Staff 6.04 Coordinate Support Institutions 6.05 Rainy Day & Savings Fund	Accounting & Bookkeeping AV/Equipment Rental Awards / Gifts Bank / Finance Charges Contract Services Dues / Licenses/Memberships Equipment Food / Meals / Catering Information Technology Insurance Marketing / Advertising Other Miscellaneous Expenses Payroll Taxes Professional Development Room Rental Salaries & Wages Scholarship Supplies & Materials Travel Utilities
<u>EXPLANATION & DETAILS:</u> _____ _____ _____		

AUTHORIZING SIGNATURE: _____

AUTHORIZED BY: _____

PHONE: _____

Check # _____ Check Date: ___ / ___ / ___