



Utah Public Health Association  
 715 North 1890 West, #39B  
 Provo, UT 84301  
 Office: 801-607-2263  
 Fax: 801-691-1172

# EXPENDITURE REQUISITION

Date Requested: \_\_\_ / \_\_\_ / \_\_\_

Date Required: \_\_\_ / \_\_\_ / \_\_\_

Pay to the Order Of: _____ _____ _____	<b>AMOUNT: \$</b> _____  Invoice #: _____
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<b>Management Group:</b> _____	<b>Accounting Code:</b> _____	<b>Expense Category:</b> _____
<b>Member Services</b> A.2.1 Enhanced Member Renewal / New Recruitment Plan I.M.1 Infrastructure: UPHA Board Training and APHA Costs CONF Conference: Annual Public Health Conf. for Utah	<b>Communications</b> C.1.1 Publish Fall & Spring Newsletters C.2.1 Develop and Manage New Web Content E.2.1 Sponsor Utah's Public Health Week	Association Staff Awards, Contributions, Membership Disbursement of Conf Revenue Food, Luncheons, Catering Office Supplies, Printing, Postage Other Expenses Pass Through Funds Prof. Fees, Honorariums, Legal Scholarship Travel Expenses
<b>Policy Group</b>	E.1.1 Organize Public Health at Legislature	
<b>Fiscal Group</b>	D.2.1 Organize Sustainable Res Dev Group D.4.1 Develop Revenue Policies For Corp Support I.F.1 Infrastructure Fiscal Mgmt Units Receipts And Costs	
<b>Executive Director</b>	D.3.1 Approach Potential Donors E.3.1 Enhance Advocacy Efforts E.6.1 + E.7.1 Organize Joint Efforts with Others I.E.1 Infrastructure Affiliate and Directors Activities	
<b>AUTHORIZING SIGNATURE:</b> _____		
<b>AUTHORIZED BY:</b> _____	<b>PHONE:</b> _____	

### EXPLANATION & DETAILS:

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Check: \_\_\_\_\_

Check date: \_\_\_ / \_\_\_ / \_\_\_