



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

# 2016 INVOICE

Date Prepared: \_\_\_ / \_\_\_ / \_\_\_

Payment Requested By: \_\_\_ / \_\_\_ / \_\_\_

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

**EXPLANATION & DETAILS:**