



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

2015 INVOICE

Date Prepared: ____ / ____ / ____

Payment Requested By: ____ / ____ / ____

Bill to: _____

AMOUNT: \$ _____

Invoice: _____

Account Code: _____	Management Group: _____	Income Category: _____
Member Services	Awards	Association Internal Services Fund
1.2	UPHA Main Conference	Endowment Fund
2.1	CDC/APHA Accreditation Grant	Exhibitor Fees Received
2.1.1	WIC Pre Conference	Grants Received
2.1.2	Smith's Community Rewards	Membership Dues Received
2.1.3	Educational Webinars & Events	Other Receipts
2.2	Scholarships, Relations with Academics	Pass Through Funds
2.2.4	Membership	Registration, Sponsored Meetings
2.3	APHA Affiliate Relationship	Scholarship Funds Received
2.5	Board of Directors	Sponsor Fees Received
2.7	UPHA Golf Tournament	
2.9	Resource Development & Community Grants	
3.1b		
Advocacy / Policy	Annual Policy & Advocacy Summit	
1.5.1	Legislative Break Sponsorship	
1.5.2	Lobbying	
1.5.3		
Fiscal	Financial Reporting and Practices	
3.2.1	Treasurer Elect / Bookkeeper	
3.7		
Communications	Communications	
2.6		
Sections/ Assemblies/ SPIGs	Organize Sections	
2.3.2a	Student Assembly	
2.3.2b	Nutrition & Dietetics	
2.3.2c	Nutrition & Dietetics Restricted Fund	
2.3.2d	Community Health Workers	
2.3.2e		
Executive Director	Resource Development Efforts	
3.1	Budget Tied to Strategic Plan	
3.2.1/3.3	Financial Reporting	
3.2.2	Bookkeeping	
3.7	Business Planning	
3.8.1	Coordinate Support Institutions	
3.8.2	Maintain Business and Office Functions	
3.8.3	Maintain Association's Info Tech Systems & Components	
3.8.4	Director & Staff	
3.9		

AUTHORIZING SIGNATURE: _____

AUTHORIZED BY: _____

PHONE: _____

EXPLANATION & DETAILS: