

EXPENSE VOUCHER

Please attach receipts and mail this form to :

UTAH LIBRARY ASSOCIATION
P.O. Box 708155
Sandy, UT 84070-8155

EVENT OR ACTIVITY

DATE	EXPENSE CATEGORY	AMOUNT

TOTAL :

AUTHORIZATION

ULA Section or Committee Name : _____
Name of Officer : _____
Telephone Number : _____
Date of Request : _____

SIGNATURE _____

INSTRUCTIONS TO ULA TREASURER

Make check payable to :

Name : _____
Address : _____

Office use only
Received : _____
Paid : _____
Check # : _____