

UTAH STATE BAR  
SECTION/COMMITTEE  
REIMBURSEMENT/PAYMENT REQUEST AUDIT VOUCHER

DATE \_\_\_\_\_ SECTION/COMMITTEE \_\_\_\_\_

PAYEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Mail Check \_\_\_\_\_ Hold Check for Pickup \_\_\_\_\_

Address if Different From Above \_\_\_\_\_

\_\_\_\_\_

Amount	Account Source for Expense Allocation (Indicate Section or Committee)
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Check Amount \_\_\_\_\_ Prior Bar Approval (if required) by/date: \_\_\_\_\_

\$ \_\_\_\_\_

Explanation of Purpose/Origin \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUPPORT IN THE FORM OF RECEIPTS, STATEMENTS, BILLINGS OR OTHER EVIDENCE OR OTHER EVIDENCE OR EXPLANATION OF EXPENDITURE OR REIMBURSEMENT MUST BE ATTACHED OR THIS REQUEST CANNOT BE APPROVED AND PROCESSED.

Requested by \_\_\_\_\_ Approved By \_\_\_\_\_  
Section/Committee Chair

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Bar Approval By \_\_\_\_\_

G/L Acct. No. \_\_\_\_\_

PLEASE NOTE: CHECKS ARE ISSUED ON THE 10<sup>TH</sup> AND 25<sup>TH</sup> OF EACH MONTH.  
REQUESTS SHOULD BE RECEIVED 2 DAYS PRIOR TO THESE DATES.