

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 10TH AND 25TH OF EACH MONTH.
REQUESTS SHOULD BE RECEIVED 2 DAYS PRIOR TO THESE DATES.