

**UTAH AGING ALLIANCE**  
Reimbursement Request/Expenditure Record

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please make check payable to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Description of Expense | Quantity | Total Cost (\$) |
|------------------------|----------|-----------------|
|                        |          |                 |
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**INSTRUCTIONS:** Please complete all information and attach original receipts for each expenditure and mail to:

**UAA Treasurer**  
**PO Box 521569**  
**Salt Lake City UT 84154-1569**

Please note: Some expenditures may require approval by another UAA Board officer.