

UDS CHECK REQUISITION

Submit to: Vicki May
15530 S. Rose Canyon Rd
Herriman, UT 84065
Att: UDS

check Number: _____

date of check : _____

(form must be accompanied by *dated* receipts)

Purpose of the reimbursement: _____

Make the check payable to: _____

Address: _____

City : _____ State: _____ Zip: _____

Total Amount: _____

Subtotals in each category (see list) :

<u>category</u>	<u>amount</u>	<u>category</u>	<u>amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UDS CATEGORY LIST

Insurance

Annual Show (be specific)

Awards
Hotel-board
Facility Rental
Food/merchandise
Insurance
Misc.
Officials Fees (room/meals/travel)
Printing Prizelist
Prizes
Refunds
Ribbons

Awards Banquet (be specific)

Facility Rental
Gifts-Awards
Invitations
Postage
Ribbons
Tickets/supplies

Membership Expense

Misc.

Newsletter
Education
Equipment/supplies
Gifts given
Office/postage
Omnibus
Web Site