

UMTA Reimbursement Statement

Requested by:		Phone #:
Chapter:	Date:	Approved by:

Make Check Payable to:
Mail Check to:
Special Instructions:

Date	Item	Purpose	Receipt		Amount
			Yes	No	
Total Amount:					

Instructions

1. Complete all sections of the form.
2. Attach all receipts and invoices.
3. Mail complete form to state treasurer:

Cindy Hartley
2484 West 2000 North
Farr West, UT 84404
4. Address any questions to Cindy Hartley:

Phone: (801) 731-2672
Email: keykorral@xmission.com

Paid by Check #: _____ Budget Category: _____

Date: _____