UTAH FOREIGN LANGUAGE ASSOCIATION

REIMBURSEMENT FORM

Complete this form with copies of receipts for approved UFLA Reimbursement. Submit the form and receipts to the UFLA Executive Secretary Treasurer.

FULL NAME: _____ DATE: _____

MAILING ADDRESS: _____
Street

_____
City State Zip

DESCRIPTION OF APPROVED UFLA EXPENDITURE:

_____

No.	Date	Vendor (description)	Amount
		TOTAL:	0.00

Continue on a second sheet if necessary.