

PART C: PAYMENT VOUCHER

Honorarium	\$
Mileage _____ x .40 (for round trips over 50 Miles)	\$
Meal Allowance (\$15 for travel 100-200 miles; \$30 for travel over 200)	\$
Lodging (not to exceed \$80/night; must attach receipt)	\$
TOTAL	\$

Speaker's Signature _____ **Date** _____

Make Check Payable to:

Mail Check to:

Address

City, ST, ZIP

Please fax (both sides) or mail to:

Utah Humanities Council
 Attn: Maria Torres
 202 West 300 North
 Salt Lake City, UT 84103
 801-531-7869 (fax)

____ Office Use Only: _____

approved by _____ date approved _____ check# _____ date pd _____

____ 22007 6001 0002 SL County ____ 12107 6001 0002 WTP SL County ____ 40600 6002 0002 Eccles out of SL County

____ 40499 6201 0002 Weber County ____ 12107 6002 0002 WTP out of SL County ____ 40600 6003 0002 AmEx SL County

____ 32007 6002 0002 out of SL County ____ 40600 6001 0002 Eccles SL County ____ 40600 6004 0002 AmEx out of SL County