

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	\$

Discussion Leader'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
 801.359.9670
 801.531.7869 (fax)
 torres@utahhumanities.org

Office Use Only: _____

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

_____ 22008 6000 102 SL County _____ 12108 6000 102 WTP SL County _____ 40600 6001 102 Eccles out of SL County

_____ 40499 6001 102 Weber County _____ 12108 6001 102 WTP out of SL County _____ 40600 6000 102 AmEx SL County

_____ 32009 6001 102 out of SL County _____ 40600 6000 102 Eccles SL County _____ 40600 6001 102 AmEx out of SL County