

Kennesaw State University Individual Membership Dues Receipt Form Purchasing Card Holders & Employee Memberships

Employee Name:

Department:

Position:

I am requesting payment for individual membership dues. I understand it is University practice to pay only for institutional membership dues. This membership meets one or more of the following requirements (please check the appropriate boxes below):

The membership directly benefits KSU is transferable to another KSU employee if my employment is terminated. I have attached documentation from the organization as verification.

The membership is required for my position. A statement from my supervisor is provided as verification.

The membership is a requirement for accreditation. A statement from my supervisor is provided as verification.

The membership provides a direct cost savings benefit to Kennesaw State University. Supporting documentation indicating the cost savings of the membership is provided as verification.

Other – Please submit a ServiceNow request at service.kennesaw.edu/ofs for approval. A written explanation that provides the business purpose and the direct benefit to the University is required.

Please note that Individual Memberships must only consist of a one year time frame.

Vendor Name:

Address:

City / State

Membership Period Start Date End Date

Amount \$

Employee Signature _____

Supervisor Signature _____

Please include a copy of the completed form, required documentation and ServiceNow request approval (as needed) with the Payment Request or P-Card payment submission.