

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

Employee Name: _____
Department: _____

I am requesting payment for individual membership dues. I understand it is University policy 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 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. I have attached a statement from my supervisor as verification.
- The membership is a requirement for accreditation. I have attached a statement from my supervisor as verification.
- The membership is beneficial to Kennesaw State University and results in a cost savings. I have attached documentation as verification.
- Other – provide description:

Vendor Name: _____
Address: _____
City/State: _____
Membership Period To: From: _____
Amount: \$ _____

Please attach this form to your purchasing card statement when the transaction posts or Payment Request for payment. Prior approval is not required if the membership meets one of the requirements above.

Employee Signature

Supervisor Signature