

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 only pay for Institutional Membership dues. The Individual Membership request meets one or more of the following requirements. (Please select 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.
A statement from my supervisor is provided as verification.

The membership is a requirement for my 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 benefits of the membership is provided as verification.

Other – Please contact compliance@kennesaw.edu 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 and required documentation with the OwlPay or P-Card payment submission.