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:

	From:
Amount:	$