



Professional Membership Dues Request Form

Employee Name: _____

Department: _____

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

- The membership is a requirement for accreditation and transferable to another FVSU employee if my employment is terminated. I have attached documentation from the organization and statement from my supervisor as verification.
- The membership is required for fulfillment of my job requirements. I have attached a statement from my supervisor as verification.
- The membership is beneficial to Fort Valley State University and results in a cost savings. I have attached documentation as verification.
- Other – provide description: _____

Supplier Name: _____

Address: _____

City/State: _____

Membership Period – From: _____

To: _____

Amount \$ _____

Please attach this form to your Payment Request. Prior approval is not required if the membership meets one of the requirements above and as outlined in the Professional Membership Dues and Licenses/Certifications Policy.

Employee Signature: _____

Supervisor Name: _____

Supervisor Signature: _____