

**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:

Amount: _____
 From: _____
 \$ _____
