Suggested Departmental Checklist for Payment of Association Dues and Professional Memberships

(This is a possible template for departments to use – not required by Administration)

☐ Name of Association: ______________________________

☐ Due ☐ Institutional

☐ Fee ☐ Departmental

☐ Individual => If so, Name __________________________________________

(Please Include Agreement Form)

☐ Time Period:

Beginning date _____/_____/______ Ending date _____/_____/______

☐ MAP Funding Information:

_________________________________ ____________________________

Departmental Activity or Award Fund

☐ Dues or Fees Amount: $ ______________

Payment by:

☐ PCard ☐ Direct Pay ☐ Employee Reimbursement

Contact Info:

_______________________________________

Name

_______________________________________

Department

_______________________________________

PO Box