

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:
_____ Fund
Departmental Activity or Award

Dues or Fees Amount: \$_____

Payment by:

PCard Direct Pay Employee
Reimbursement

Contact Info: _____
Name

Department

PO Box