

INDIVIDUAL MEMBERSHIP AUTHORIZATION FORM

TO: Accounts Payable, Business Office, Fanning Hall

FROM: _____
(Position Supervisor)

DATE: _____
(Annual Renewal Required for Payment Approval)

RE: Authorization for payment of individual membership, dues, and/or professional license required for job performance at Augusta State University.

Policy Statement:

Augusta State University is not allowed to pay individual memberships with state funds unless the membership, dues, and/or professional license is required for the position. If an individual membership is required, it should be listed on page 1 of the employee's job description under Licensure, Registration, or Certification Required.

(Please type or print the information requested below.)

I hereby approve payment of the following individual membership, dues, and/or professional license. This individual membership is required for the position listed below in order for the incumbent employee to perform their assigned duties at Augusta State University.

Organizational Membership and/or Licensing Agency

Position

Employee Name

Estimated Cost

Supervisor

Supervisor's Signature

***Please note that individual membership payments are subject to state audit. For this reason, payment may be declined if this request does not comply with current audit guidelines.
Thank you for your assistance!***

Revised: January 5, 2005