## Kennesaw State University Individual Membership Dues Receipt Form Purchasing Card Holders & Employee Memberships

Employee Name:		
Department:		
Univ	versity policy to pa	ent for individual membership dues. I understand it is y only for institutional membership dues. This membership the following requirements (please check the appropriate
	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:	
Ven	dor Name:	
		From:
Amount:		\$