



**Justification for Payment or Reimbursement of Individual Memberships**

<b>Department Name</b>	
<b>Name and Title of Employee Completing Form</b>	
<b>Name and Title of Employee Membership is For</b>	
<b>Description of Individual Membership(s)</b>	
<b>Have you verified that an institutional membership is not available?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the professional membership required to perform the duties of a position related to health, safety, or legal compliance or required by an external third party?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes is marked above, obtain Chair, Dean, Department Head, Director, or Vice President approval and submit for payment.</b>	
<b>If No is marked above, describe how this professional membership provides a specific and direct benefit to the Institute.</b>	
<b>Please attach supporting documentation, obtain Chair, Dean, Department Head, Director, or Vice President approval, and submit for payment.</b>	

**Approved by: Chair, Dean, Department Head, Director, or Vice President**

<b>Printed Name</b>	
<b>Title</b>	
<b>Signature</b>	
<b>Date</b>	

**NOTES:**

- Payment or reimbursement for Individual Memberships required to perform the duties of a position related to health, safety, or legal compliance or required by an external third party do not require a documented specific and direct benefit on this form and can be paid using Institute General Operating, Discretionary, or Sponsored Funds as allowed by Sponsoring Entity.
- Payment or reimbursement for Individual Memberships not required to perform the duties of the job as indicated above, but where a documented, specific and direct benefit to the Institute exists are also allowable. These memberships should provide access to professional development activities or publications directly related to the employee’s current position and they should support the Institute’s strategic objectives, and can be paid using Institute General Operating, Discretionary, or Sponsored Funds as allowed by Sponsoring Entity. The direct and specific benefit should be documented on this form.
- Payment of Individual Memberships should be on SC727130 - Other Operating Expense – Memberships.
- One form may be used for multiple memberships or for annual renewals of the same membership.