

Missouri State University

INDIVIDUAL MEMBERSHIP DUES REPORTING FORM (Paid by University or Foundation Funds)

(Please use this form for reporting / approval of all individual memberships for each employee.)

Employee Receiving Individual Membership(s):

Name/Title _____

Department _____

Membership #1

Date Paid _____

Organization _____

Cost of Membership _____

Source of Funds Used (Indicate the specific University or Foundation Account title and number):

Membership #2

Date Paid _____

Organization _____

Cost of Membership _____

Source of Funds Used (Indicate the specific University or Foundation Account title and number):

***Approval (Routine authorized approval for up to two individual memberships):**

Name/Title _____

Date: _____

**Once form has been signed, please forward to your Vice Presidential Unit for processing*

Additional Memberships (If Applicable)

NOTE: Preapproval Required before Payment

Membership #3

Date Paid _____

Organization _____

Cost of Membership _____

Source of Funds Used (Indicate the specific University or Foundation Account title and number):

Membership #4

Date Paid _____

Organization _____

Cost of Membership _____

Source of Funds Used (Indicate the specific University or Foundation Account title and number):

***Additional Approval**

(Required per Fiscal Responsibility Policy as either President, Provost, or Vice President-level Administrator):

Name/Title _____

Date: _____

**Once form has been signed, please forward to your Vice Presidential Unit for processing*

Questions – contact Rowena Stone 417-836-8500