JUSTIFICATION FOR REQUEST FOR MEMBERSHIPS OR DUES TO PROFESSIONAL ORGANIZATIONS

1. Name of Requesting Department: _____
2. Name of Professional Organization: _____
3. Estimated Annual Amount of Membership or Dues: _____
4. Source of Funding (Sub-Account): _____
5. Summary Statement of Goals and/or Objectives of the Professional Organization:

_____

_____

_____

6. Summary statement on benefits to be derived by the University through this membership or dues:

_____

_____

7. Other comments pertinent to this request (optional): _____

_____

Signature of Department Head	Signature of Budgetary Head
Title of Department Head	Title of Budgetary Head
Date	Date
APPROVED - DISAPPROVED	APPROVED - DISAPPROVED
Dean/Director Date	Vice-President Date
APPROVED - DISAPPROVED	
President Date	

NOTE: THIS FORM SHOULD BE SUBMITTED WITH YOUR PURCHASE REQUISITION

Revised 4/2006