JUSTIFICATION FOR REQUEST FOR MEMBERSHIPS OR DUES TO PROFESSIONAL ORGANIZATIONS

1.	Name of Requesting De	epartment:			
2.	Name of Professional O	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):				
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Signature of Department Head			Signature of Budgetary Head	1	
Title of Department Head			Title of Budgetary Head	Title of Budgetary Head	
Date			Date	_	
APPROVED - DISAPPROVED			APPROVED - DISAPPROV	/ED	
Dean/D	irector	Date	Vice-President	Date	
APPROVED - DISAPPROVED					
Presider	nt	Date			
NOTE: INDICATE PROCUREMENT TYPE BELOW AND INCLUDE EXEMPT PURCHASE DOCUMENT NO. IF APPLICABLE					
☐ Procurement Card ☐ Exempt Purchase Document No. (E-Doc)					