

**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 \_\_\_\_\_

Membership Dates \_\_\_\_\_

Organization \_\_\_\_\_

Cost of Membership \_\_\_\_\_

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

\_\_\_\_\_

**Membership #2**

Date Paid \_\_\_\_\_

Membership Dates \_\_\_\_\_

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 \_\_\_\_\_

Membership Dates \_\_\_\_\_

Organization \_\_\_\_\_

Cost of Membership \_\_\_\_\_

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

\_\_\_\_\_

**Membership #4**

Date Paid \_\_\_\_\_

Membership Dates \_\_\_\_\_

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*