



WICHITA STATE UNIVERSITY

FINANCIAL OPERATIONS AND BUSINESS TECHNOLOGY

Accounts Payable

Professional Dues, Memberships, Licensing Fees and Subscriptions Authorization Form

This form is to be completed in accordance with WSU Policy Number 13.22. To be an allowable cost to the University, University and individual memberships or dues must be deemed necessary or essential to the effective operation of the University, department, or program.

Fund/Org: _____ / _____ Membership Period: _____ - _____

Organization Name: _____ Amount: _____

Please describe the business purpose of this expenditure:

Please describe how this expenditure benefits Wichita State University:

For memberships or subscriptions not obtained in the name of Wichita State University:

Please provide an explanation of how and/or why the expenditure is a requirement for the employee to perform the primary function of her/his position with the University:

Employee Name: _____ Title: _____

Signature of Requestor

Date

Budget Review Officer

Date

Budget Officer

Date

Senior Executive Vice President & Provost

Date