



**REQUEST FOR PAYMENT  
PROFESSIONAL ASSOCIATION DUES AND/OR FEES**

This form must be completed and submitted to Procurement and Contracts with any requisition for the payment of Association Dues and/or Fees. If a department is paying these fees with the Procurement Card, this form must be completed and filed with the invoice and applicable P-card statement. If the form is not properly completed and filed, the requesting individual will be liable for the re-payment of any funds expended by the University for the Payment of such dues or fees.

The Attorney General of the State of Mississippi has determined that there are occasions where it is acceptable for the State to pay Association Dues and/or Fees in the name of employees. The Attorney General opinions say such expenses are allowed if the University makes the following findings:

- 1) That the professional association dues or fees are reasonable and necessary to the performance of the employee's or officer's duties.
- 2) That the membership must accrue to the benefit of the public entity, and any benefit to the individual must be merely incidental.

**Requesting Individual:** \_\_\_\_\_  
(Name of employee or officer in whose name the dues or fees are being paid)

**Department:** \_\_\_\_\_

**Association:** \_\_\_\_\_

**Description of Charges:** \_\_\_\_\_

**Amount of Charges:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

I certify that the charges listed herein are reasonable and necessary to the performance of the employee's or officer's duties, and that the membership does accrue to the benefit of the public entity, and any benefit to the individual are merely incidental.

\_\_\_\_\_  
**Signature of Requesting Individual (Employee)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Approving Department Head**

\_\_\_\_\_  
**Date**