TEXAS WOMAN'S UNIVERSITY

Request for Approval & Payment of Membership and Dues

MEMBERSHIP & DUES INFORMATION

Request Date: _____ Membership Term From _____ to _____

_____ _____

Supplier Name Supplier Number *(if Check/EFT/Purchase Order)*

Supplier Address *(if Check)*: _____

Purpose and benefit to TWU:

Membership Type: ☐ Institutional ☐ Individual

NOTE: For individual memberships, the department is responsible for transferring the membership to TWU in the event the employee leaves.

Amount to be paid: $_____ Payment Type: ☐ Travel/PCard ☐ Check/EFT ☐ Purchase Order

NOTE: Supporting documentation must be attached prior to form signature.

DEPARTMENT INFORMATION

_____

Department Requesting Membership (Institutional) or Individual Requesting Membership (Individual)

Fund Class	Fund Source	Department	Natural Account	Function	Project	Interfund	Future 1	Future 2	Amount
			61205						
			61205						

APPROVALS

Purchasing Approver Name	*Purchasing Approver Signature*	*Date*
Vice President or Provost Name	*Vice President or Provost Signature*	*Date*
R. Jason Tomlinson *Senior VP Finance & Administration Name*	*Senior VP Finance & Administration Signature*	*Date*
Other Approver Name	*Other Approver Signature*	*Date*

If paying by Travel or PCard, attach to expense in Concur.
If paying by Purchase Order, attach to requisition in Oracle Cloud.
If paying by Check or EFT, submit to TWUPayables@twu.edu.

Financial Services Name	*Financial Services Signature*	*Date*