

1200 Centre Street, Boston, MA 02131

O ctewu'kpu'kwg Request for Payment: Membership Fees/Dues/Subscriptions

****This form is for use by Marcus Institute employees and all non Marcus Institute sponsored accounts****

		Center	Research
To:	Accounts Payable, Fiscal Services	Account#:	_____
From:	_____	Date of Request:	_____
	Employee Requesting Payment		
Issue Check to:	_____	Department:	O ctewu'kpu'kwg

Submit to Fiscal Services by 1:00 p.m. on Monday for payment on Friday.

1) Address of professional organization or trade association:

Number Street

City, State, Zip code

Re:

Professional organization or trade association

2) Length of membership or subscription (check one)

One year

Other (specify) _____

Total cost of membership/dues/subscription for length of membership stated above.

3)

4)

Explanation of services or benefits of membership/subscription, including business purpose (who, what, where, when & why):

(Check one):

Mail check directly to professional organization or trade association.

Pick up check by employee requesting payment.

If requesting a reimbursement, provide an address to issue check:

6)

ALL INVOICES OR RECEIPTS MUST BE ATTACHED TO THIS FORM

7)

Signatures required for payment:

a) _____
Employee Requesting Payment

d) _____
Grant Manager's Signature

b) _____
Authorized Account Signatory

c) _____
Employee's Supervisor (if different from Account Signatory)