

1200 Centre Street, Boston, MA 02131

Request for Payment: Membership Fees/Dues/Subscriptions

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

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

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):

5)

(Check one):

Mail check directly to professional organization or trade association.

Pick up check by employee requesting payment.

6)

ALL INVOICES OR RECEIPTS MUST BE ATTACHED TO THIS FORM.

7)

Signatures required for payment

a) _____
Employee Requesting Payment

b) _____
Authorized Account Signatory

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