

1200 Centre Street, Boston, MA 02131

O ctewu'kpwkwg 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'kpwkwg

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.

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

 - b) _____
Authorized Account Signatory

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