**PROFESSIONAL MEMBERSHIP REIMBURSEMENT APPLICATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For Year Of |  |  | Today’s Date |  |  | AU ID # |  |

|  |  |
| --- | --- |
| Credit Personal Account of |  |

Please submit your professional memberships to the treasurer’s office #0780 once each year r no later than April 25. Be sure to include cancelled checks or other documents as proof of receipt for each item listed.

The policy provides full reimbursement up to $50 for any memberships, and 50% reimbursement from $51 to $100 of membership expense, to a maximum of $75.

(NOTE: Those in certain departments who are required to maintain a professional license/certification for the performance of their duties at AU should request an Application for Reimbursement of Required Cerfication or Licensor Fees.)

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| --- | --- | --- |
| Professional Organization | | Amount |
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| --- | --- | --- | --- | --- |
|  |  | **Total** |  |  |
|  |  |  |  |
|  |  | 100% reimbursement of first $50. |  |
|  |  |  |
|  | 50% reimbursement of next $50. |  |
|  |  |  |
|  | Total REIMBURSEMENT DUE |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_ | **11** | **9000** | **9356** | | **97** |
|  | Employee Signature | Date | Charge Acct | | | | |
| Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| Department Head/Academic Dean/Vice President Treasurer | | | Date | | |  | |