

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 or 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 Certification or Licensure Fees.)

<u>Professional Organization</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____
100% reimbursement of first \$50.	_____
50% reimbursement of next \$50.	_____
Total REIMBURSEMENT DUE	_____

Signed: _____ Date _____

Employee Signature Date

11	9000	9356	97
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Charge Acct

Approved: _____ Date _____

Department Head/Academic Dean/Vice President Treasurer Date