

Request for Approval and Payment of Membership and Dues



TEXAS WOMAN'S
UNIVERSITY™

MEMBERSHIP INFORMATION

Date: _____ Membership Renewal Period: 1 yr from _____ to _____
2 yr from _____ to _____
3 yr from _____ to _____

Vendor Name _____ Vendor FID# _____

Vendor Address: _____

Purpose and benefit to TWU:

Type of Membership: Institutional Individual

NOTE: For individual memberships, the department is responsible for transferring the membership to TWU in the event the employee leaves.

Amount to be Paid: \$ _____ To be paid by: Check or PCard

DEPARTMENT INFORMATION

Department or Individual Requesting Membership

_____ 61205 _____
Account to be Charged Amount

_____ 61205 _____
Account to be Charged Amount

Note: Attach all supporting documentation relevant to this membership.

APPROVALS

Printed Name of Account Manager Signature of Account Manager Date

Printed Name of Vice President or Provost Signature of Vice President or Provost Date

Jason Tomlinson
Printed Name of V.P. of Finance & Administration Signature of V.P. of Finance & Administration Date

Printed Name of Other approvals as required Signature of Other approvals as required Date