

Annual Professional Membership Dues Reimbursement Form

Please complete this form, attach the original receipt and proof of payment, and submit it to your department manager for approval. This printed form will be processed by Human Resources / Finance.

Employee Information

Employee Full Name:	<input type="text"/>
Employee ID:	<input type="text"/>
Job Title:	<input type="text"/>
Department:	<input type="text"/>
Email Address:	<input type="text"/>
Date of Request:	<input type="text" value="YYYY-MM-DD"/>

Membership Details

Professional Organization Name:	<input type="text"/>
Membership/ID Number:	<input type="text"/>
Membership Period (e.g., Jan 2024 - Dec 2024):	<input type="text"/>
Annual Dues Amount (USD):	<input type="text" value="\$0.00"/>
Original Receipt Attached? (Yes / No):	<input type="text" value="Yes"/>

Business Justification

Describe how membership in this organization benefits your professional development and aligns with company objectives:

<input type="text" value="Line 1"/>
<input type="text" value="Line 2"/>

Authorization and Signatures

By signing below, the employee certifies that the professional membership is directly related to their current job responsibilities, and the manager approves the reimbursement of these dues.

Employee Signature:	<input type="text" value="Sign on printed copy"/>	Date:	<input type="text" value="YYYY-MM-DD"/>
Manager Signature:	<input type="text" value="Sign on printed copy"/>	Date:	<input type="text" value="YYYY-MM-DD"/>
Finance Approval:	<input type="text" value="Sign on printed copy"/>	Date:	<input type="text" value="YYYY-MM-DD"/>