



Controller's Office
Florida State University

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UNIVERSITY MEMBERSHIP JUSTIFICATION

Department Name :

Dept. ID/ Fund :

Budget Acct. Manager :

Project (If C&G) :

Organization Name :

Address :

Amount :

Dates of Membership :

to

Voting Representative(s) and/or person(s) considered member for mailing purposes:

Purpose and Justification for Membership in above Organization:

Dean/Director/Department Head Signature

Date:

The Florida State University President has delegated his signature authority to the Dean,
Director, Department Head or Chair of the department.