

Georgia Department of Human Resources

MEMBERSHIP APPROVAL AND REQUEST FOR PAYMENT FOR ORGANIZATIONAL MEMBERSHIPS, ACCREDITATIONS OR SURVEYS

Amount	Description	Unit Price		
Terms: Normal terms are net 30 days from invoice date. If payment needs to be made earlier, indicate here				
Vendor Name			Vendor ID	
Pay Date	Handling Code	Acct Template		
Invoice Date	Invoice	Invoice Amt		
If there are more budget identifiers than can be coded below, leave the fields blank and code all budget identifiers on a continuation sheet. Check here if a continuation sheet is attached				
Account 627002	Fund A1	Organization Code	Sub Class 334	BY 2004
You must enter either a speedchart or a project & at least one program				
Project	Program	Program Amount		
Speedchart	Speedchart Amount	Voucher #		
Description of Activity X				
Period of Membership X		Begin Date X	End Date X	
Does membership in this organization fit in the purposes of your division, institution, office or program? If so, please describe. X				
Is there anyway in which the Department could receive the benefits without establishing the membership or paying the fee? X				

I, the undersigned certify that funds are available for payment of the above named organizational membership fees. Further more, I authorize the purchase(s) described on this form and direct that it (they) be charged to the budget identifiers encoded above.

Originators Signature X

Approval Signature (Division/Office/Institution Director)

Prepared By	Date	Entered By	Date	Checked By	Date
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