

**MEMBERSHIP FEE/SUBSCRIPTION REIMBURSEMENT FORM**

<b>Individual</b>	
Staff Name:	
Staff Number:	
Cost Centre:	
Project Code:	
<b>Membership</b>	
Name of professional body	
Amount of Fee/Subscription	
<b>Supporting Documentation</b>	
Proof of payment	
Invoice or request for payment from professional body	

*It is understood that all relevant documentation must be in order before being submitted to the payroll office by the 15<sup>th</sup> of the month to ensure that it is included in the next pay run.*

**Signature of Claimant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Authoriser:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed by Payroll:** \_\_\_\_\_

**Date:** \_\_\_\_\_