

CALIFORNIA STATE UNIVERSITY, FULLERTON

MEMBERSHIP JUSTIFICATION FORM

Effective beginning September 6, 2011

Preparer: _____ Extension: _____

Department: _____

Check One: New Request Renewal

Membership Type: Institutional Individual

If individual membership, list name(s):

Name of Organization: _____

Term: _____

Amount: _____

Justification / Benefit to University:

Membership Review and Approval:

By signing on the check request to which this membership justification form is attached, I certify that the above referenced membership meets the University's business purpose as well as its primary mission and major functions.

Reminders:

All memberships are the property of CSUF and must reflect the campus address.

In accordance with IRS regulations, a member's non-business use must be reported as Form W-2 imputed taxable fringe benefit compensation. The imputed income amount will be included in your pay warrant and appropriate payroll withholding taxes deducted.

The original invoice (membership/renewal form) must be attached to the AP Check Request or if payment is made with the Procurement Card, the original invoice must be included with the approved statement. The individual who requests the membership cannot be the same as the authorized signer.