

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 approved AP Check Request.**
- **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.**