



BUSINESS ASSOCIATION DUES EXPENSE CLAIM FORM

Form No:

CLAIMANT INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT / COST CENTER

JOB TITLE

DATE OF REQUEST

ASSOCIATION & MEMBERSHIP DETAILS

NAME OF ASSOCIATION / CLUB / ORGANIZATION

MEMBERSHIP TYPE (E.G., PROFESSIONAL, CIVIC, TRADE)

MEMBERSHIP PERIOD (FROM)

MEMBERSHIP PERIOD (TO)

PAYMENT METHOD USED

Corporate Card

Personal (Reimbursement)

BUSINESS PURPOSE & ALIGNMENT WITH COMPANY OBJECTIVES

EXPENSE DETAILS & CODING

DESCRIPTION / ITEMIZATION OF DUES	GL ACCOUNT CODE	TAX / VAT	AMOUNT
TOTAL CLAIM AMOUNT			

AUTHORIZATIONS & APPROVALS

CLAIMANT SIGNATURE

Signature Date

DEPARTMENT MANAGER APPROVAL

Signature Date

FINANCE / ACCOUNTING DIVISION APPROVAL

Signature Date

EXECUTIVE APPROVAL (IF REQUIRED)

Signature Date

Please attach the invoice, payment receipt, and proof of association membership details to this form before submission.