



Purchasing Department
3000 West Scenic Drive
North Little Rock, AR 72118
(501)-812-2200 Fax (501)-812-2393

INSTITUTIONAL AND/OR INDIVIDUAL MEMBERSHIP JUSTIFICATION (EFFECTIVE NOV. 14, 2011)

Name of Individual Submitting Justification: _____

GL Acct: _____ Dept Name: _____

Name of Organization /Vendor: _____

Address: _____

Dates of Membership: _____ \$ Amt: _____

Membership Type (check one):

Institutional

Individual

Name of Individual: _____

The following organizational memberships and any subsequent renewals must be approved in advance using this form by the supervising cabinet member or President of the College:

- (1) *Institutional membership in a community organization (Rotary Club, local chambers of commerce, etc.);*
- (2) *Individual membership in any organization or association.*

Using the space below, please explain (1) how the payment for this membership is in the best interests of Pulaski Technical College, and (2) how the payment is necessary to the purposes of the requesting department and Pulaski Technical College. A signed copy of this form will be attached to any purchase order issued for the payment of this membership or membership renewal.

Purpose and Justification for Membership in above Organization:

Approved: Supervising Cabinet Member or President's signature

Date