

# LDH Subscription/Membership Dues Request Form

## **Instructions:**

- 1) Complete form in entirety.
- 2) Attach copy of relevant vendor/merchant invoice
- 3) Obtain agency budget approval
- 4) Obtain agency and department ahead approval
- 5) Submit to: **P.O. or Check payment system**

## **Contact Information**

### **Requesting Agency: (Check One)**

OS/OMF  MVA  OAAS  OCDD  OPH  OBH  OWH

**Bureau/Division/Section/Unit Name:** \_\_\_\_\_

**Purchaser Contact Name:** \_\_\_\_\_

**Purchaser Phone Number:** \_\_\_\_\_

**Purchaser Email Address:** \_\_\_\_\_

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## **Vendor Information**

**Vendor/Merchant Name:** \_\_\_\_\_

**Vendor/Merchant Address:** \_\_\_\_\_

**Vendor/Merchant Phone:** \_\_\_\_\_

**Vendor/Merchant Website:** \_\_\_\_\_

**Vendor/Merchant Point of Contact:** \_\_\_\_\_

**Vendor/Merchant POC Phone:** \_\_\_\_\_

**Vendor/Merchant POC Email:** \_\_\_\_\_

**What forms of payment does the vendor/merchant accept? Select all that apply.**

Purchase Order  Credit Card  Check  Other (Specify : \_\_\_\_\_)

**Subscription/Membership Information**

**Select one option:**

\_\_\_\_\_ Subscription \_\_\_\_\_ Membership \_\_\_\_\_ License/Renewal \_\_\_\_\_ Certification Renewal

**Title of Professional Membership Dues, Licenses or Subscription:**

\_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Period Payment Covers:** \_\_\_\_\_

**Source of Funding:**

\_\_\_\_\_ State General Fund \_\_\_\_\_ Interagency Transfer \_\_\_\_\_ Fees and Self-Generated

\_\_\_\_\_ Statutory Dedications \_\_\_\_\_ Federal Funds

**Coding of Expenditure:**

**Agency Number:** \_\_\_\_\_

**Cost Center:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

**GL Account Number:** \_\_\_\_\_

**Is this request for agency/individual use: (Check One)** \_\_\_\_\_ **Agency** \_\_\_\_\_ **Individual**

**If for agency use please note the official name and address the subscription/membership due will be subscribed under:**

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

\_\_\_\_\_

**Agency Phone:** \_\_\_\_\_

## **Subscription/Membership due User Information**

If for agency employee use please note the name, title, personnel number, and position number the subscription/membership due will be subscribed under:

**Employee Name:** \_\_\_\_\_

**Employee Personnel Number:** \_\_\_\_\_

**Employee Official Civil Service Job Title:** \_\_\_\_\_

**Position Number:** \_\_\_\_\_

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**Employee Name:** \_\_\_\_\_

**Employee Personnel Number:** \_\_\_\_\_

**Employee Official Civil Service Job Title:** \_\_\_\_\_

**Position Number:** \_\_\_\_\_

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**Employee Name:** \_\_\_\_\_

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**Employee Name:** \_\_\_\_\_

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**Employee Name:** \_\_\_\_\_

**Employee Personnel Number:** \_\_\_\_\_

**Employee Official Civil Service Job Title:** \_\_\_\_\_

**Position Number:** \_\_\_\_\_

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*All memberships paid shall be in the Department/Agency name and transferable should the employee leave the position. Exceptions may be granted in instances where an organization does not permit institutional membership or where an individual membership is paid and the employee leaves the Department, a prorated refund should be requested, if available, and/or the membership renewal shall not continue to be paid for that individual by the Department.*

## Agency Checklist for Policy Compliance:

Is the subscription, membership, initial license, certification or renewal required for the employee's current position?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

APPLICABLE FOR LICENSING ONLY:

Is the professional license or certificate a requirement to engage in the profession, but is not required for the job or position?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_ N/A

APPLICABLE FOR MEMBERSHIP ONLY:

Is this membership request for an individual or will it be in the Agency's name?

\_\_\_\_\_ Individual

\_\_\_\_\_ Agency

\_\_\_\_\_ N/A

APPLICABLE FOR NEWSPAPER & MISC SUBSCRIPTIONS ONLY:

Is the membership for individual use or Agency-wide use?

\_\_\_\_\_ Individual

\_\_\_\_\_ Agency Wide

\_\_\_\_\_ N/A

Is the subscription critical to the operation of the office?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_ N/A

Is the subscription request for the minimum quantity possible?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_ N/A

**APPLICABLE FOR SOFTWARE SUBSCRIPTIONS ONLY:**

*If this request is for software, requestor shall provide written documentation along with approval from the Office of Technology Services (OTS) with this form. Documentation shall state that the software purchase does not need to go through them and/or approving the agency to purchase software directly.*

**If the request is applicable to a software subscription, the requestor has attached OTS Documentation.**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_ N/A

*By indicating my signature here, I agree that I have read the LDH Policy on Paying Membership Dues, Licenses, and Subscriptions #128.1, available on the DSSAS webpage, and I hereby agree that the attached request complies with all requirements.*

**Purchaser Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Budget Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Assistant Secretary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LDH Deputy Secretary or  
LDH Undersecretary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_