

A & S Payment of Professional Dues

Name	School Name / Central Office Department
Name and address of association for membership: → (Please attach any forms for payment)	_____

Expiration date of membership	Amount

Central Budget Code: (\$100.00 per member for this budget code)

ELEMENTARY/MIDDLE/HIGH SCHOOL ADMINISTRATION			
1-1-12-01-01-00-019-182	4-22	=	
CENTRAL OFFICE ADMINISTRATION			
1-1-12-02-01-00-019-182	4-22	=	
PUPIL PERSONNEL WORKER			
1-1-03-02-00-00-019-182	4-22	=	
PSYCHOLOGISTS/GUIDANCE			
1-1-17-08-00-00-019-182	4-22	=	
STUDENT HEALTH SERVICES			
1-1-04-00-00-00-019-182	4-22	=	
School or Department Budget Code: (Please code below)			
		=	
Personal Check:			
		=	
TOTAL		=	

Approvals:

A & S Committee	Date
Assistant Superintendent	Date