



**MARICOPA**  
COMMUNITY COLLEGES

**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT**  
2411 West 14<sup>th</sup> Street, Tempe, AZ 85281-6942

## MEMBERSHIP PAYMENT WORKSHEET

The Maricopa County Community College District (MCCCD) and its colleges and skill centers may only pay for institutional or individual employee's memberships in organizations if the memberships are considered ordinary and necessary business expenses of MCCCD under MCCCD's Administrative Regulation on Official Functions. ALL MEMBERSHIPS PAID BY MCCCD FUNDS, REGARDLESS OF ORGANIZATION NAME, TYPE, OR FORMER ASSOCIATION, REQUIRE JUSTIFICATION AND APPROVAL VIA THIS WORKSHEET.

**You'll find helpful instructions on Page 2 of this form. Higher dollar expenses require answers with greater specificity.**

Organization Name: \_\_\_\_\_ College/Department: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ per \_\_\_\_\_ Will renewal of the membership be sought annually? ☐ Yes ☐ No

1. Is the membership for an individual MCCCD employee? ☐ Yes ☐ No  
**If no, proceed to Item 4**

2. Name of Employee and Job Title: \_\_\_\_\_

3. Describe relevance of the organization's objective to employee's specific job responsibilities:  
**(See Instructions Paragraph C)**

4. For institutional memberships, describe the direct link of membership to MCCCD educational mission:  
**(See Instructions Paragraph C)**

5. For institutional or individual membership, describe **both** of the following:
- The tangible and specific benefits to MCCCD and its educational mission, with attachments if necessary; and that
  - the benefit received by MCCCD through the membership is equal to or greater than the expense.
- (See Instructions Paragraph D. DO NOT cite general benefits such as prestige of membership or collegial interaction.)**

**Total Estimated Expense of Activity or Item:** \_\_\_\_\_

**Payment Type and Number (if applicable):** \_\_\_\_\_

**REQUISITIONER**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**APPROVED BY**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Note:** The organizational dues object code should be used for this expense. Requisitioner must be a full-time MCCCD employee and must be someone other than the person approving this Worksheet. Only the Chancellor, President, Vice Chancellor or, if specifically delegated from one of them, a dean or administrative director may sign in the "Approved by" space. All approvals must be made before the expense is incurred, including approval of the requisition by the appropriate Fiscal Office.

## **INSTRUCTIONS FOR COMPLETING THE MEMBERSHIP PAYMENT WORKSHEET**

A. The Worksheet must be thoroughly completed and the required approvals obtained before the expense is incurred.

B. Individual memberships are appropriate only:

1. if the organization does not allow an institutional membership,
2. where the organization requires that MCCCCD hold an institutional membership, and participating MCCCCD employees hold individual memberships; or
3. where the appropriate fiscal officer determines that an individual membership is the most cost effective.

For an individual membership, the employee must be full-time.

C. The descriptions provided in Items 3 and 4 must be specific. Vague or overly subjective descriptions won't satisfy the documentation requirement.

1. Examples of descriptions that are insufficient are:

- a. Membership will provide the college with visibility in the community.
- b. Membership will be prestigious.

2. Examples of descriptions that may be sufficient are:

- a. The organization consists of a significant number of employers within the county - a key constituency in developing an appropriate workforce. Some employer-members are significantly involved in the college's workforce development program, such as \_\_\_\_.
- b. This organization is the leading association for registered nurses and plays a significant role in the certification requirements in various states. MCCCCD gains significant insights about curriculum needs for the nursing program from participating in this organization.

D. Likewise, the description on the Worksheet in Item 5 must be precise. It must identify specific activities or objectives of MCCCCD that are satisfied. The benefit that MCCCCD receives also needs to equate to or exceed the expense incurred. So, while the benefit doesn't have to be described in dollars, it must be identified specifically in terms that "paint" a clear picture that the values exchanged are about the same. Higher-dollar expenses require more specificity.

1. An example of a description that fails to meet those requirements is:

- a. The membership provides me with collegial opportunities.

2. An example of a description that is sufficient is:

- a. Membership allows my students access to special collections not viewable by the public. During the preceding year, I escorted 24 students on three separate field studies that included access to the special collections, for a value in excess of the \$300 membership.