

**BERGEN COUNTY TECHNICAL SCHOOLS
BERGEN COUNTY SPECIAL SERVICES**

MEMBERSHIP/DUES (VIA P.O.)

This form must be completed when claiming payment for memberships/subscriptions. **The payment will be made through purchase order.**

Name: _____ Title: _____
(PLEASE PRINT)

Social Security Number: _____ Job Location: _____

Date	Membership/Subscription Name	Amount Paid
	TOTAL	

Human Resources Approval: _____	Date: _____
Maximum Allowance Per Contract: _____	

Requestor's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Business Administrator/Bd. Secretary Signature: _____ Date: _____