

Employee Name: _____

Title: _____

County: _____

Amount: \$ _____

Professional Association:

- KACAA/NACAA
- KAE4-HA/NAE4-HYDP
- KEAFCS/NEAFCS
- Epsilon Sigma Phi (ESP)
- Chi Epsilon Sigma (ChiES)
- Other: _____

Let this serve as your official approval to pay your professional association dues with professional improvement funds for the year of _____.
First, submit this form to your AED or County Director for their signature.
Once signed and returned, attach this form to your invoice and present it to your Bookkeeper/Treasurer for payment.

AED or County Director's Signature: _____

Date: _____

