

**FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
REQUEST FOR ADVANCE PAYMENT OF MEMBERSHIP  
DUES IN PROFESSIONAL OR OTHER ORGANIZATIONS**

FDJJ 1407.04  
ATTACHMENT 1

**REQUESTERS INFORMATION:**

<hr/> Requester	<hr/> Org. Code	<hr/> Expansion Option
<hr/> Street Address	<hr/> Contact Person	<hr/> Telephone Number
<hr/> City	<hr/> State	<hr/> Zip Code

**ORGANIZATION INFORMATION:**

<hr/> Name of Organization	<hr/> Division/Program Office	<hr/> Telephone Number
<hr/> City	<hr/> State	<hr/> Zip Code

**PRIOR FISCAL YEAR MEMBERSHIP INFORMATION:**

<hr/> Name/Title	<hr/> Membership Type
<hr/> Amount	<hr/> Period

**CURRENT FISCAL YEAR MEMBERSHIP INFORMATION:**

<hr/> Name/Title	<hr/> Membership Type
<hr/> Amount	<hr/> Period

**JUSTIFICATION AND BENEFITS TO THE STATE:**

**AUTHORIZATION:**

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Agency Head or Authorized Designee

\_\_\_\_\_

Date

**REQUIRED ATTACHMENTS:**

- A. Requisition Number.
- B. Notarized Vendor's Certification of Availability of Records and that State Funds will not be used for Lobbying as in accordance with Florida Statue, 119.012.
- C. Non-Acceptance of Institutional Membership Statement, if required.
- D. Quote from Vendor.