



Fund Requisition

{ Check Request }

Group Contact Information

Name: _____

Net ID: _____ @msu.edu

Phone: _____

Constituent Name: _____

Office Use Only

Date Received: _____ Received By: _____

Date Processed: _____ Processed By: _____

Req Number: _____

Vendor Information

Vendor Name: _____

Vendor Address: _____

Tax ID: _____

- Mail check directly to vendor
- Pick up check (from MSU Accounting Office)

Event Information

Event Name: _____

Date of Event: _____ Event Time: _____ Location: _____

Target Audience: _____

Are there any other sources of funding for the event? YES NO

If yes, please list funding source(s): _____

Please Describe This Event in Detail: _____

Justification for Use of Funds

The funds you are requesting are provided by the RHA taxpayers. In what ways has this use of funds benefited them?

Check Needed by

Total Cost
\$
(Including tip if applicable)

Rush (\$15 special handling fee applies - also includes checks for pickup)

Signatures (All Signatures Must be Original Ink Signatures)

By signing below, you certify that the transaction above has a business purpose, is not for personal gain, and complies with all of RHA and Michigan State University policies

President's Printed Name

President's Signature

Date

Treasurer's Printed Name

Treasurer's Signature

Date

Advisor's Printed Name

Advisor's Signature

Date