Fund Requisition

Check Request

Group Contact Information

Name: 
Net ID: @msu.edu
Phone:

Vendor Information

Vendor Name: 
Vendor Address:
Tax ID:

Office Use Only
Date Received: Received By: 
Date Processed: Processed By: 
Req Number: 

Check Request

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?

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: