Group Contact Information

Name: ____________________________
Net ID: ___________________________ @msu.edu
Phone: ____________________________

Department Information

Department Name: ______________________
Department Phone Number: ______________________
University Account: ______________________

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?

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 _____________

Total Cost $ ____________________________