Fund Requisition

RSO Sponsorships

Group Contact Information

Name: ________________________________
Net ID: _____________________________ @msu.edu
Phone: _______________________________

RSO Name: ________________________________
RSO Account #: AR _______ _______ _______ _______ _______ _______

Justification for Use of Funds

Please include a description of what the RSO has stated for which the funds will be used. Please include date of event, flier of the event, or substantial proof of the event.

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

*RSO must be registered currently with Student Life and have a valid account. Funds are to benefit those who pay the RHA tax. Funds are to remain on campus and are not to be transferred to an off campus account.

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.

Constituent Name: ________________________________
Date Received: ________ Received By: ________
Date Processed: ________ Processed By: ________
Req Number: ________________________________

Group Contact Information

Name: ________________________________
Net ID: _____________________________ @msu.edu
Phone: _______________________________

RSO Name: ________________________________
RSO Account #: AR _______ _______ _______ _______ _______ _______

Justification for Use of Funds

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RSO Rep’s Printed Name ________________________________
RSO Rep’s Signature ________________________________
Date ________________________________

Total Cost $ ________________________________

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 ________________________________