



Fund Requisition

{ P-Card Request }

Group Contact Information

Name: _____

Net ID: _____ @msu.edu

Phone: _____

Executive Position: _____

Office Use Only

Date Received: _____ Received By: _____

Date Processed: _____ Processed By: _____

Req Number: _____

Vendor Information

Vendor Name: _____

Vendor Website: _____

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?

Purchases Needed by

Approved Max Cost
\$

Total Cost
\$

Due to frequent change in price when ordering online, we ask all constituents to fill out the max cost they are comfortable spending for an online purchase.

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

Executive's Printed Name _____

Executive's Signature _____

Date _____

Supervisor's Printed Name _____

Supervisor's Signature _____

Date _____