



Residence Halls Association Gift/Prize Recipient Information

****This form is required for all gift/prizes valuing \$25 or more****

To be completed by group awarding gift/prize

Event Description

Event Date

Gift/Prize detailed description

\$ Value

President or Treasurer's Signature

Constituent's Signature (if different than President or Treasurer)

To be completed by the gift/prize recipient

Name of Recipient (please print clearly)

MSU NetID

Permanent Address (please include City, State & Zip Code)

Recipient's Social Security # (for value \$600 or greater ONLY)

Recipient Signature

Date

To be completed by RHA

RHA req #

This form must be attached to the reimbursement form in order to be reimbursed. Failure to complete this form will void the reimbursement and Residence Halls Association will not be liable for the cost of gift/prize items.