



Fund Requisition for Constituents

Constituent Group Name: _____

Office Use Only

Date Received: _____ Received By: _____

Date Processed: _____ Processed By: _____

Req Number: _____

{ Check Request }

Group Contact Information

Vendor Information

Name: _____

Vendor Name: _____

Net ID: _____@msu.edu

Vendor Address: _____

Phone number: _____

Mail check directly to vendor

Pick up check (from MSU accounting Office)
\$15 Special Handling fee applies

**If request is for food, placing orders are the responsibility of the constituent group PRIOR to turning in this form and supporting documents. The only exception is Insomnia Cookies. See Vendor Guide in RHA Procedures Manual Article III, Section 3.02.

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. How will the use of funds benefit the taxpayers?

Check Needed
By:

Total Cost
\$

(including tip if applicable)

Signatures (By signing below, you certify the request above has a business purpose, is not for personal gain and complies with RHA and MSU policies)

President's Signature

President's Printed Name

Date

Treasurer's Signature

Treasurer's Printed Name

Date

Advisor's Signature

Advisor's Printed Name

Date