



Fund Requisition for Constituents

Constituent Group Name: _____

Office Use Only

Date Received: _____ Received By: _____

Date Processed: _____ Processed By: _____

Req Number: _____

{ Reimbursement of Funds }

Person To Be Reimbursed

Name: _____

Residence Hall: _____

Net ID: _____@msu.edu

Room Number: _____

Phone number: _____

Permanent Address: _____

Be sure to include itemized receipts and proof of payment

Please include Zip Code

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?

Total Cost
\$

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)

Payee's Signature

Payee's Printed Name

Date

President's Signature

President's Printed Name

Date

Treasurer's Signature

Treasurer's Printed Name

Date

Advisor's Signature

Advisor's Printed Name

Date