



# Fund Requisition for Constituents

Constituent Group Name: \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Req Number: \_\_\_\_\_

## { RSO Sponsorship }

### Sponsoring Group Contact Information

Name: \_\_\_\_\_

Net ID: \_\_\_\_\_@msu.edu

Phone number: \_\_\_\_\_

### RSO Group Contact Information

RSO Name: \_\_\_\_\_

RSO Contact Name: \_\_\_\_\_

On-Campus Acct.#:AR \_\_\_\_ \_

### Justification for Use of Funds

Please include a description of what the RSO has stated for which the funds will be used.

Please indicate date of event, flier of the event or substantial proof of the event.

The funds you are requesting are provided by the RHA taxpayers. How will the use of funds benefit the taxpayers?

By signing below, I understand the RSO must be currently registered with the Student Life Office and have a valid on-campus 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.

\_\_\_\_\_  
RSO Rep's Signature

\_\_\_\_\_  
RSO Rep's Printed Name

\_\_\_\_\_  
Date

Total Sponsorship amount \$

### RHA Constituent 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