



Fund Requisition

RHA Business Office Use Only

Date Received:	Received By:
Date Processed:	Processed By:
Req Number:	

Group Contact Information

RHA Leadership
Position

Constituent Group:
Hall Governemnt or Caucus

Name: _____

NET ID (MSU email): _____

Phone Number: _____

Payment Recipient

Payment Type Please check one

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NET ID (MSU EMAIL): _____

Account Number (sponsorship only): _____

- Check Request Online Order
- Internal Billing Reimbursement
- RSO Sponsorship

For Check Request Only

- Mail check directly to vendor
- Pick up check (from MSU Accounting Office)
\$15 Special Handling Fee applies

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

Event Information

Event Name:		Please provide event detail:
Date of Event:		
Event Time:		
Location:		
Target Audience:		

Justification of the use of Funds

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

Would you like RHA to Advertise this event?

- Yes
- No

Check or online orders needed by:

If so, has your group created a flyer that you would like to be shared?

- Yes
- No

Total Cost

Approved Max Cost

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

FOR RHA Constituent(Hall Government or Caucuses):

Date

President Signature:	Presidents Printed Name:	
Treasurer's Signature:	Treasurer's Printed Name:	
Advisor Signature:	Advisor Printed Name:	

FOR RHA Leadership:

Date

RHA Leadership Member's Signature:	RHA Leadership Member's Printed Name:	
CFO Signature:	CFO Printed Name:	