



Residence Life Funding Form

Allow 10 business days to process your request.



EVENT/ITEM INFORMATION

Event/Item Title:
 Event date or date item needed:
 Target population (who is this event/item/program for?):
 Payment needed by (date PO needed):

REQUESTOR CONTACT INFORMATION

Name: _____ Phone (office or cell): _____
 Email: _____
 Signature _____ Today's Date: _____
If Hall Council account,
 Treasurer's name: _____ Signature _____

VENDOR INFORMATION

Vendor's Name: _____ Phone number: _____
 Vendor's address: _____
 Item/Service Description (list each item / service): _____
 Estimated cost pre-program (include tax and tip): _____

FUNDING INFORMATION – PRE PROGRAM

Payment method: _____ If Reimbursement, ID Number: _____
 Building: _____ If "Other", please list: _____
 Account: _____ If "Other", please list: _____
 Account Manager Name: _____
 Account Manager Signature _____ Date: _____

FUNDING INFORMATION – POST PROGRAM

Receipts must be taped to 8 1/2 x 11 piece of paper, remember DO NOT put tape over any information on receipt. It is expected that the Account Manager turn in the receipt and post-program paperwork within 2 business days of the purchase.

Receipt total: _____
 Account Manager Signature: _____ Date: _____

ADMINISTRATIVE ACCOUNTING ASSOCIATE USE ONLY

Date received pre-program: _____ Purchase order number: _____
 Amount approved: _____ Date received post-program: _____

To be completed by the requestor

To be completed by account manager