Residence Hall Association
Hall Council Program – Funds Expenditure Form

* Fill out all the information for each Hall Council program
  (Including the Extra Perk each semester)

Program Information:
Hall Council/LLC: __________________________
Program Name: _____________________________  Program Date: ________________
Location: _____________________________  Time: ________________  Attendance: ________
Brief Program Description: __________________________________________________________
________________________________________________________________________________

Funding Information:
Total Funds Appropriated for Program: ____________  Total Funds Spent: ____________
P-Card Used____  Reimbursement: _____ Billed to RHA_____  Other: ____________
List of Vendors (where did you shop?): ______________________________________________
________________________________________________________________________________
What was all purchased with the appropriated funds? ___________________________________
________________________________________________________________________________

Submitted by: _____________________________  Position: _____________________________
(please print)
Submitted by: _____________________________  Today’s Date: ____________________
(please sign)

(DO NOT WRITE BELOW THIS LINE, FOR RHA EXECUTIVE BOARD USE ONLY)

Received by: _____________________________  Today’s Date: ____________________
(please sign)
Expenses Annotated?  □ Yes  □ No  Funds Spent/Receipt Totals Match?  □ Yes  □ No
Purchasing Card Returned?  □ Yes  □ No  Amount over/under: ______________________

Approved by: _____________________________  Date: ____________________