



Residential Life Funding Request Form

Name on Card _____ Date Submitted: _____

Dept. Line/Floor _____ Cost Center _____

Amount Charged: _____ Goods/Services: _____

Person authorized to purchase: _____

Phone #: _____ Location/Date of event: _____

Vendor: _____

Authorizing Signatures

Floor Funds

Hall Director

Community Advisor

Programming

*Assistant Director/RHA Advisor/
Central Staff Member*

Other

Central Staff Member

*Purchasing Gift Cards is not allowed.

Floor Cards/Leadership Cards:

The individual authorized to make a purchase needs to bring this completed funding request form to the Residential Life Office.

Return the **credit card, sales receipt,** and the **funding request form** within 48 hours to the Residential Life Office.

Credit Card Agreement

I understand that I can only use the credit card to make the above approved purchases. **I further understand that if I do not return the credit card within 48 hours of being issued, I will be charged \$25.** Finally, I understand that I will be held financially liable by Residential Life for making any unauthorized purchases or for purchases made without returning a receipt to Residential Life. Credit Cards are available during office hours Monday - Friday between 8:00 A.M. - 4:30 P.M.

Signature of Authorized Purchaser: _____ Date: _____



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