



American University Residence Hall Association

c/o Housing & Dining Programs | 4400 Massachusetts Ave, NW | Washington, DC 20016-8142
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Hall Discretionary Fund Form

Today's Date: ___/___/___ Date of Event: ___/___/___

Hall/Floor Hosting the Event: _____

Hall President: _____

Event Coordinator Contact Info:

Name: _____
Phone: _____
E-Mail: _____

Presenter Contact Info:*

*if different than Event Coordinator Contact

Name: _____
Phone: _____
E-Mail: _____

FOR RHA USE ONLY

Date Received: ___/___/___
Agenda Approval: ___/___/___
Reading Number: _____

PASS / FAIL

Amount Allocated: \$ _____
Amount Spent: \$ _____
Receipts Received: Y / N

- Transfer to: _____
 ___/___/___
- Reimbursement: _____
 ___/___/___
- _____
 ___/___/___

* The person requesting money or a designated person (from the same hall) named on this form must appear to speak at the RHA General E-Board meeting. This presenter must be knowledgeable and be able to answer detailed questions about the event. If this condition is not met, the RHA can choose to not hear the proposal.

Name of Event: _____

Expected Attendance: _____ Total Cost of Event: \$ _____ Amount Requesting: \$ _____

Is there an admission charge? _____ If so, how much would it be before the RHA funding? \$ _____
after? \$ _____

How is the remainder of your event being funded?

List any other allocations the RHA has made to your Hall/Floor this year:

Please attach a brief typed rationale on the event, why you believe this event is needed, and a budget of how the money will be spent. This rationale is necessary for your presentation to be placed on the agenda.

I verify that this request for money has been authorized by the president of the hall council, and that the requested amount is correct.

Signature of Hall Council President

Due to the RHA Mailbox in the Housing and Dining Programs Office by Noon on Mondays to appear on that week's agenda.