



Official Use

Date Received: _____

Initials: _____ Amount: _____

NRHH ALLOCATION REQUEST
2009-2010

Council/Resident Assistant: _____

Account Number: _____

Is this program for collaborative programming? Yes _____ No _____

If so, please list the Council/Resident Assistant: _____

Two representatives from the council, or two RAs must be present to formally request the allocation. If only one RA is requesting an allocation, then the Resident Director of his/her facility must be present in addition to the RA. NRHH meetings are held every other Sunday in the Unity Room at 10 pm. Please contact Dana Mundie, dmmundie@svsu.edu or Bryan Crainer becraine@svsu.edu for meeting dates.

Contact 1:

Name: _____

Email Address: _____

Campus Address: _____ Phone Number: _____

Contact 2:

Name: _____

Email Address: _____

Campus Address: _____ Phone Number: _____

Date of Program: _____

Reason for allocation:



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Expenses:

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Total Cost: _____

I, _____ have completed the above information to the best of my knowledge. If there are any changes, I will notify the Vice President of Administration immediately. This change must occur before the meeting.

If any questions, please contact Bryan Hyde, Vice President of Administration, at bchye@svsu.edu.

Allocations Information

- * Money may be transferred through accounts.
- * If a transfer is not necessary, receipts are required by the Council/RA in order to receive reimbursement for the program.
- * Requests are needed at least one week before the program.
- * Both contacts must be at the meeting, if not, the allocation will not be heard at the business meeting.
- * One of the contacts must not be a member of NRHH.
- * Allocations will not be approved if used for:
 - * The purchase of alcohol.



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- * The purchase of gasoline.
- * For charity in the Council's or RA's name.
- * If the allocation has been denied by NRHH, it cannot be appealed.