



Resident Assistant Funds Request Form

Residence Hall Association

Goodhue Hall 228 – 262-472-4903

University of Wisconsin Whitewater

First and Last Name: _____

Hall and Floor: _____

Amount requested: \$ ____ . ____ Signature: _____

(Optional) Are you requesting funds for another staff member as well? Please complete the following.

First and Last Name: _____

Hall and Floor: _____

Amount requested: \$ ____ . ____ Signature: _____

Date of program: _____ Time of program: _____ Location of program: _____

Please give a brief description of your program as well as items you'll purchase with the funds.

Office Use Only:

Approved Votes: ____ Denied Votes: ____ Abstentions: ____

Amount approved: \$ ____ . ____

E-Board Signature: _____

E-Board Signature: _____