# Residence Halls Association Check Request Form

**Admin/Office Expense** (Class Code: AA)
- Water
- Copy
- Costco
- Event T-Shirts
- Name Tags

**Funding** (Class Code: CB)
- Fall Finals Kits
- Welcome Kits
- OCM Linens
- RA Kit Deliveries
- Mailings

**Programs** (Class Code: AJ)
- Coord Board Major Programs
- End of Year Major Programs
- HIV/AIDS Safer Sex Peers
- Rep at Large Programing
- Area Rep Programing
- Week of Welcome
- Environmental Chair Programming
- PVP Programming
- Head MAC Programming
- HAWC Programming

**Recognition** (Class Code: AG)
- Coord. Board Banquet
- HC Awards Banquet
- End of Year Stoles
- End of Year Coordinating Board Appreciation
- Recognition Line Item
- Other:

**Commissions** (Class Code: AL)
- Programming
- Area Rep
- Fall Winter Spring

**Scholarships** (Class Code: AD)
- Name of Scholarship:

**Bank Charges** (Class Code: AK)
- Interest
- Checks

**Project Care** (Class Code: D)
- Prizes
- Other:

**Conferences** (Class Code: CA)
- Bids
- No Frills
- PACURH

**Equipment** (Class Code: AF)
- Publicity
- The Flush

**Meetings** (Class Code: AI)
- Other:

**Donations / Allocations** (Class Code: AE)
- Diversity
- External Donations
- Internal Donations
- NRHH
- Special Projects

**Trains / Retreats / Workshops** (Class Code: AC)
- Fall
- Winter
- Spring

**Activity Fees** (Class Code: AK)
- Publicity
- The Flush

**Media** (Class Code: AH)
- Publicity
- The Flush

**Activity Fees** (Class Code: AK)
- Publicity
- The Flush

**Other RHA Expenses** (Class Code: AN)
- Previous Year Expenses

**Project CARE** (Class Code: D)
- Prizes
- Other:

**NRHH** (Class Code: B)
- End-of-Year Banquet
- Programming

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**Journal to** (circle if applies)
Pay to the Order of: ________________________

DATE & NAME of Program: ________________________
 or Activity (be Specific)

Vendor(s) & Items Purchased: ________________________
(be specific)

Check Amount: ________________________ NTE (circle if Not to Exceed)
An original receipt must be submitted no later than 3 business days after the use of this check

Person picking up the check: ________________________ Phone # ________________________

Authorized Signer ________________________ Date ________________________

Authorized Signer ________________________ Date ________________________

Date check Picked Up: ________________________ Check # ________________________

Signature: ________________________

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RHA Authorized Signers:
(Pres., Admin VP, Fin VP, SLC and ASLC)

Project CARE Authorized Signers:
(SLC, ASLC & Project Care Director)

NRHH Authorized Signers
(NRHH President, NRHH Treasurer, ASLC)

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Revised 9/10/14
find forms @ http://ra.housing.ucsb.edu