



## GW RHA Budget Submission

Residence Hall:	
Event Date:	Event Location:
Event Time:	How many people do you expect to attend?
Is your HCA aware of your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____
Does your event require RHA provided supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify in budget
Does this event involve a collaboration?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list collaboration(s)..... Hall Council _____ RA/RD/AC _____ Student Org _____
Event Plans and Logistics:	
Other Notes:	

