

## **Associated Students, Inc.** Funding Request Form

For the Students, by the Students! 2017-18

Necessarv	<b>Documents</b>
.1000000	<b>D O O O I I I O I I O O I I O O O O I O O O O O O O O O O</b>

- Event Flyer w/ A.S.I. Logo
- **d** CSI Event Reg. Form
- Estimates / Food Permits

Contact		Organization	Event Estimates / Invoices
Officer Name:		Club/Organization: ALPFA(Associa	
Officer Title:		Event Title: Women's Leade	rship Panel
Address:		Date(s) of Event: <u>5/5/18</u>	
City/State/Zip:		Location of Event: Student Un	ion - Theater
Phone & Email:		Expected Total Attendance:	70.
Officer Signature		Expected Attendance of Cal Stat	e LA.Students:70+
Eve	ent Description an	d Total Cost Breakdowr	
Briefly describe the event:		Is the event open to all Cal Stat	e LA students?: Select One
A panel of women who will be	. •	How will this program enhance	the Cal State LA experience?:
challenges they over came to be	pecome the	It gives students the oppo	
successful leaders they are.		network and it gives them	career opportunities.
Hospitality		Honoraria/Contract	s
Description	Amount	Description	Amount
Tacos	\$769.97	•	
		***	
The state of the s			

# Marketing Description Amount \$0.00 Description Amount

#### **Event Summary**

#### For Office Use Only • Do Not Write Below

Total Cost of Event: \$769.97

Amount Requested from A.S.I.:

Amount from other sources:

What other resources are you employing for this event?

#### Important:

- (1) <u>All Funding Request Forms must be turned in by 12 PM</u>
  <u>Friday, the week before the Funding Sub-Committee Meetings.</u>
- (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
- (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

All forms	must have a	Time S	tamp	and
	·	0.46 (25)	75 7 1 7	PR 1 1

staff initial:

116 APR 13 PG:31:22

#### STUDENT ORGANIZATION

purchase Special Event Insurance for a particular

### EVENT REGISTRATION FORM



This form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. Signatures must be completed in blue or black ink.

reservation commitmation process has been completed for on campus events. Signatures must be completed in blue or black mix.
NAME OF ORGANIZATION: ASSOCIAtion of Latine Professional HONE: 2/27/18
EVENT CONTACT NAME: For America EMAIL:
NAME OF EVENT: ALPER ASULA Women's Leadership Panel: Empowering LOCATION: U-SU (Newter)
EVENT DATE: 5/5/18 BEGIN TIME: 1:00 pm END TIME: 6:00 pm ESTIMATED ATTENDANCE: 100
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)
BENEFITS TO PROCEED EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM
DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION
OTHER: 🌠
WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)
SPORTS ACTIVITY OR COMPETITION FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL
BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
BEACH BONFIRE  PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):
A panel discussion the women empowerment.
We will have great speakers from firms who will
WILL VIOLE of
discuss their journey and we will have and I A.
WHO IS INVITED (CHECK ALL THAT APPLY):
STUDENT ORG. MEMBERS CAL STATE LA COMMUNITY) OTHER COLLEGES & UNIV. GENERAL PUBLIC GUEST LIST
Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a bi-
weekly email by the Center for Student Involvement.  NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.
WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION, PARTICIPATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE
ORGANIZATION? (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form)
WILL A MOVIE BE SHOWN? (NO) YES (If yes, please attach written proof of viewing rights.)
WILL THE EVENT HAVE SECURITY? NO YES If yes, please explain
WILL FOOD BE SERVED AT THE EVENT? NO YES
IF YES, WHO WILL PROVIDE THE FOOD? TANVERSITY-CATERING OTHER:
A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.
WILL ALCOHOL BE PRESENT AT THE EVENT? NO YES. Please attach a completed request to serve alcoholic beverages.  (This form may take up to two weeks for review and possible approval.)
WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? NO YES Initials
If so, please affirm organization members and guests will not consume alcohol.  PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? (NO YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.
DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? (NO.) YES
Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or

As officers of the benefit of any officer, m	NT REGARDING PROCEEDS this recognized student organization at C the organization as a whole. Further, it is ember, or any private person. We also after including but not limited to ICSUAM Ports.	Cal State LA, we aff affirmed that no p firm that all procee	irm that all proce proceeds or asse ds transactions f	eeds raised or asset ts of this organizati or this event will co	ons will accrue emply with all l	e to the benefit of University policies
Describe the	admission charge, registration, partic	ipation fee, or any	proceeds that	will be raised to b		
	de how much the organization will be c	harging for any o らく くしし			proces	eds
	0(0),1	Lox the 12	· We UDED o	Edlowing convention	,	. 7
will g	o towards funding f	-0y +1 e 1-			7	2 /2/1
PRESIDENT:		SIGNAT	URE:		•	DATE: 2/2/18
TREASURE		, SIGNA	TURE: M	or you	M	DATE: 2/2/18
	I II DEI INIEC				<u> </u>	
	<b>UIDELINES</b> I guidelines are provided for the benefit of	of the student ora:	anization They a	re intended to be f	followed comm	oletely Failure
to comply wi	th any of the following guidelines may re events and use of facilities. More informa	esult in disciplinary	action taken ag	ainst the organizat	ion including s	suspension of
CONDUCT:	The organization assumes full responsibilit the participants and/or the organization to					
ALCOHOL:	In accordance with Administrative Proconsumption of alcoholic beverages resubmit a Request to Serve Alcoholic E 3 weeks for this form to be reviewed b alcohol is available (but will not be conentire event. Additional guidelines ma	equires authorizat Beverages form in By the University. Ansumed) require a	ion from the Uni addition to this Approved alcoho	versity. Your organ Event Registration of consumption eve	nization must Form. Please ents and even	complete and allow at least ts held where
PUBLICITY:	All publicity material must have the nar of this organization do not necessarily	me of the sponsor reflect those of th	ing group and the students, staff	ne following staten , faculty, or admin	nent: "The act istration of Ca	ions and opinions I State LA."
GENERAL RELEASE:	If your event will require the use of ger organization is required to comply with requested documents.					
FOLLOW AL	RE BELOW INDICATES THAT I WILL TAKE RI L GUIDELINES SET FORTH BY THE UNIVERS JECT TO CANCELLATION BASED ON MY OR	ITY, I ACKNOWLED	GE THAT THIS EVE	ENT AND ANY ASSO		
	DRG. OFFICER'S NAME			OR BLACK INK ONLY)	DATE:	. 1
		At -	- 7		2/	27/18
ADVISOR S	ONAME /		/			/
		Gathrys	I Storre		2/27,	118
CENTER	FOR STUDENT INVOLVEMENT (U-SU	204)	R OFFICE		ANTIQUIALING ANTIQUIA	DATE: 2128/18
ASSISTA	NT DEAN OF STUDENTS: WELLNESS &	R ENGAGEMENT		-0+		414 4
GENERAL	RELEASE REQUIRED FOR ALL PARTIC	IPANTS? NO	YES DATE	REQUIRED:		
NOTIFIC	CATIONS:					로마 등 경기 있다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
☐ PUR	ILIC AFFAIRS DATE:		ATHLETICS		DATE:	
	T OF BURNIC SAFETY DATE:	9		SE COORDINATOR	DATE:	
Alber	I, OF FUDEIC SAFELL DATE:	X			7 7 7 8 Tarress	
NOTES O	R UPDATES:	1 4 -				
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Women's Leadership Panel: Inspiring and Empowering Future Leaders



2:00PM - 5:00PM USU Theatre

For more info contact events.alpfa.csula@gmail.com

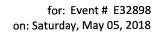
WWW.CSULAALPFA.ORG













Client/Organization	Event Date
ALPFA CSULA	5/5/2018 (Sat)
Address	-
5154 State University Dr.	

Booking Contact		Event # E32898
City, St/Prov Postal Los Angeles, CA 90032	Booking Tel	Guests 70 (Act)

Party Name	Sales Rep
Women's Professional Panel Invitation	Amanda Tapia

Theme	Category

				Venu	ıe		
Description	Туре	Start	End			Banquet Room	Setup Style
		3:30 pm	3:45 p	m		Student Union	Delivery
And the Particular Area.	Food &	Beverage					
Food/Service Ite	ems	Unit	Price	Total			
Delivery to Ou USU-Theater f							
(70) Disposable Napkins, Plates		Each	0.35	24.50			
***Taco Bar** person***	** 3- Tacos per			-			
(1) 200-Pan (3) Asada	/4) - Carne	Each	125.00	125.00			
(1) 200-Pan (3/	/4)- Pollo	Each	125.00	125.00			
(1) 200-Pan (3/	4)- Al Pastor	Each	125.00	125.00			
(210) -Corn To	rtillas	Each	0.35	73.50	v		
(1) -Served win Cilantro/Onion Sour Cream &	mix, Cheese,	Each	40.00	40.00			
(1) -Tortilla Cl Guacamole (45	-	Each	40.00	40.00			
(3) -Lemonade		Gallon(s)	16.00	48.00			
Water Service							

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	601.00	0.00,	0.00	0.00	0.00	0.00	0.00	601.00
Service Charge	102.17	0.00	0.00	0.00	0.00	0.00	0.00	102.17
Taxes	66.80	0.00	0.00	0.00	0.00	0.00	0.00	66.80
Total	769.97	0.00	0.00	0.00	0.00	0.00	0.00	769.97

Authorized Signature & Date (Please sign &date all pages)

4/18/19

#### E32898 - ALPFA CSULA

Subtotal	601.00 Paid	0.00
Tax	66.80 Balance	769.97
Service Charge	102.17	
Total Value	769.97	

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date: (Please sign &date all pages)

4/18/18