



## ASI Request for Payment Form Stipulations & Procedures

### Important:

- (1) All A.S.I. Request for Payment Forms *must be typed*.
- (2) Deadline for Request for Payment or Purchase Order (RPP) is within 15-business days after the event. *Request for payments will not be processed after the 15<sup>th</sup> day.*

### Required Items:

- 1) All Marketing/Promotional items must have the ASI Logo
- 2) All approved expenses must be listed on the request for payment and original receipts taped on a piece of paper. Do not tape over the ink on the receipts; only tape down the edges of the receipts.
- 3) All speakers/performers must have a valid contract and invoice on file prior to the performance. Payment cannot be made unless these items are completed and provided.
- 4) All approved equipment shall remain property of ASI.
- 5) All approved Audio/Video purchases will remain the property of ASI.
- 6) Check processing takes approximately two weeks. The RPP must be accompanied by all appropriate receipts, paperwork, and documentation *dated after the Finance Committee approval date and prior or the day of the event.*
- 7) You must submit a completed ASI Event Evaluation Form at the conclusion of the program (see attached). You will not be able to pick-up your check until this report is completed. An ASI Event Evaluation Form at the conclusion of the program and with your request for payment (see attached). The payment process will not begin unless provided with the request.
- 8) You must submit your RPP(s) within 15 business days after your event; ASI will not be able to process late requests.
- 9) This is an abridged version of ASI Policy 204, highlighting the most frequently used procedures and stipulations. For a comprehensive list in Policy 204 Funding Guidelines, listed on the [ASI Finance Policies and Procedures web page](#).
- 10) By requesting payment (RPP), you acknowledge that your organization has read, understood and agreed to all the stipulations, including those not listed in this sheet.

For more information regarding funding e-mail Aaron Castaneda, Vice President for Finance at [asivpf@calstatela.edu](mailto:asivpf@calstatela.edu), go to our website: [Clubs and Organizations](#) or call us at 323-343-4778.

Tel: (323) 343-4770

Fax: (323) 343-6415

[www.calstatela.edu/asi](http://www.calstatela.edu/asi)

5154 State University Drive, Room 105  
Los Angeles, California 90032



"...For the Students, by the Students!"

# Associated Students, Inc.

## Request for Payment

California State University, Los Angeles

5154 State University Drive • U-SU Rm 203 • Los Angeles, CA 90032

323.343.4778 Voice • 323.343.6420 Fax

# 2017-18

# Clubs & Organizations

### Check Payable To:

Cal State LA -

Club/Organization: \_\_\_\_\_

Event Title: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

### Requestor/Contact:

Name: \_\_\_\_\_

CIN: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*Give Description of Item, Event, Location, - Include an Original Invoice or receipt. Also include how it furthers the educational mission of Cal State LA.*

Description	Quantity	Unit Cost	Extended Cost

Event Payment Method: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit/Debit Card

(Please Check One of the Above Payment Methods)

Pick Up Checks at ASI Administrative Offices, U-SU Rm. 203

EVENT TOTAL:

AMT. REQUESTED:

APPROVED AMT. :

### Accounting (Office Use Only)

Account: \_\_\_\_\_ 660967-00001-784000-2017

\_\_\_\_\_  
Dr. Jennifer Miller Date  
Dean of Students

### Commitments (Office Use Only)

\_\_\_\_\_  
ASI VPF Approval Date

\_\_\_\_\_  
ASI Executive Officer Date

\_\_\_\_\_  
Intef W. Weser, Executive Director Date

### Additional Necessary Documents

#### DID YOU TURN IN:

- Event flyer w/ A.S.I. logo
- Credit/Debit Card Receipt or Statement (If original receipts lost)
- Copy of Cancelled Check (front & back or Bank Statement)
- Original Receipts Attached and Taped to a Blank Sheet
- Original Award Letter &  Event Evaluation Form

**All forms must have a Time Stamp and staff initial:**

DATE STAMP GOES HERE

Rev'd. 11/8/17

**Important: Deadline for Request for Payment is 15 business days after the event.**



# **EVENT EVALUATION FORM**

Club/Organization: \_\_\_\_\_ Event Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Day/Date/Time of Event: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Location: \_\_\_\_\_

**Actual Budget:**

Advertisements \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Facility rentals \_\_\_\_\_  
 Decorations \_\_\_\_\_  
 Performance/Speakers \_\_\_\_\_  
 Food/Refreshments \_\_\_\_\_  
 Miscellaneous (Specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Projected Attendance:**

Students \_\_\_\_\_  
 Faculty/Staff \_\_\_\_\_  
non-Cal State LA \_\_\_\_\_  
 Total \_\_\_\_\_

**Actual Attendance:**

Students \_\_\_\_\_  
 Faculty/Staff \_\_\_\_\_  
non-Cal State LA \_\_\_\_\_  
 Total \_\_\_\_\_

**Co-sponsorship contributions (if applicable):**

Co-sponsorship contributions: \_\_\_\_\_  
 Income: \_\_\_\_\_

**Total Cost** \_\_\_\_\_

Type of publicity used: \_\_\_\_\_

What was your actual marketing for this event?

\_\_\_\_\_  
 \_\_\_\_\_

<b>Overall effectiveness</b>	great	good	fair	below average	poor
<b>Quality of Presenters</b>	great	good	fair	below average	poor
<b>Audience Reaction</b>	great	good	fair	below average	poor
<b>Logistical Functionality</b> (set up, technical, facilities etc.)	great	good	fair	below average	poor

List any specific problems, comments or concerns you had during the planning or implementation stages of the program.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you repeat this program? Yes No Please explain why below?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List suggestions for Improvement (Please be specific with your recommendations as to how would you make this even better)

\_\_\_\_\_  
 \_\_\_\_\_

On a scale of 1 to 10, with 10 being the best/highest, how was your experience with applying for A.S.I. funding? \_\_\_\_\_

What would make your experience more positive?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_