



Associated Students, Inc.

Funding Request Form

2016-17

...For the Students, by the Students

- Necessary Documents:**
- Event Flyer w/ A.S.I. Logo
 - CSI Event Reg. Form
 - Estimates / Food Permits
 - Event Estimates / Invoices

Contact

Organization

Club/Organization: Muslim Student Association
 Event Title: Hijab Day
 Date(s) of Event: 4/6/2017 Quarter: Spring
 Location of Event: USU Pasadena Room
 Expected Total Attendance: 40
 Expected Attendance of Cal State LA Students: 40

Event Description and Total Cost Breakdown

Briefly describe the event:

Hijabs day two parts. Part one is going to be a workshop, where MSA will allow people to try the Hijabs for one day and experience what it is to wear a hijab. Part two will be an informative part where a speaker will come and talk about what hijab is and why.

Is the event open to all Cal State LA students?: Yes

How will this program enhance the Cal State LA experience?:

This will enhance the experience at Cal State LA by teaching the student body and faculty the reason behind woman wearing hijabs in Islam. It will explain the connection it brings to each individual.

Hospitality

Description	Amount
Disposable(40), raspberry ice tea	32.00
tuna and cucumber cream cheese tea sandwiches, freshed brewed coffee	47.00
vegetable samosa, (S)- grilled vegetables w/ cayenne dip	75.00
(S)-hummus and pits chips, (S)-lentil salad, assorted bundt cakes	207.36

Materials/Contracts

Description	Amount

Marketing

Description	Amount
	0

Other

Description	Amount
hijabs	60.00

Event Summary

For Office Use Only - Do Not Write Below

Total Cost of Event: 421.36
 Amount Requested from A.S.I.: 421.36
 Amount from other sources: 0.00

Important:

- (1) All Funding Request Forms must be turned in by 12 PM Monday, the week of the Finance Committee Meetings.
- (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.

What other resources are you employing for this event?

All forms must have a Time Stamp and

staff initial:

STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



This form must be completed 10 working 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 on websites 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.**

NAME OF ORGANIZATION: Muslim Student Association (MSA) PHONE: 818-572-6524 DATE: 03/16/17
 EVENT CONTACT NAME: Amateallah Omar EMAIL: amateallahomar@yahoo.com
 NAME OF EVENT: Henna Fundraiser LOCATION: USU - Walkway
 EVENT DATE: 04/06/17 BEGIN TIME: 11:00 AM END TIME: 3:00 PM ESTIMATED ATTENDANCE: 30-40 60

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS)

- FUNDRAISER 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 TOURNAMENT FOREST CLEAN-UP INTERNATIONAL TRAVEL
 BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

We will be selling henna along with our Hijab Day events.

WHO IS INVITED (CHECK ALL THAT APPLY):

- STUDENT ORG. MEMBERS CAL STATE L.A. COMMUNITY OTHER COLLEGES & UNIV. GENERAL PUBLIC GUEST LIST

Events intended for the general Cal State L.A. 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 FEE, OR DONATION?

(If yes, please complete statement regarding cash transactions on the back of this form) NO YES, HOW MUCH? _____

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? UNIVERSITY 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.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO YES

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 the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

STATEMENT REGARDING CASH TRANSACTIONS

As an officer of: Muslim Student Association, a recognized student organization at California State University, Los Angeles, I affirm that all funds raised by this organization or assets assigned to this organization will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no funds or assets of this organization will accrue to the benefit of any officer or member, or any private person.

Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

We will be selling doing henna designs on the campus community. \$3 for small designs, \$5 for large custom designs. \$ goes back to org.

PRESIDENT: Amataallah Omar SIGNATURE:  DATE: 3/16/2017

TREASURER: Wasif Razaq SIGNATURE:  DATE: 3/16/2017

EVENT GUIDELINES

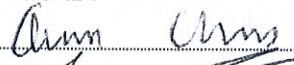
The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities.


CONDUCT: The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Judicial Affairs.

ALCOHOL: Any event that involves consumption of alcoholic beverages requires authorization from the University. Your organization must complete a Request to Serve Alcoholic Beverages form available in the Center for Student Involvement. Please allow at least 3 weeks for this form to be reviewed by the University.

PUBLICITY: All publicity material including banners, brochures, announcements, etc. must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State L.A."

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY.

STUDENT ORG. OFFICER'S NAME: Arooba Chaudhry SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY):  DATE: 03/16/17

ADVISOR'S NAME: Robert Weide SIGNATURE:  DATE: 03/16/17

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)
CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

SIGNATURE: 

DATE: 3/20/17

CENTER FOR STUDENT INVOLVEMENT DIRECTOR:

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? NO YES DATE REQUIRED: _____

NOTIFICATIONS:

PUBLIC AFFAIRS DATE: _____ ATHLETICS DATE: _____
 DEPT. OF PUBLIC SAFETY DATE: _____ FACILITIES USE COORDINATOR DATE: _____

NOTES OR UPDATES:

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NAME OF ORGANIZATION: Muslim Student Association (MSA) PHONE: 909-244-6576 DATE: 03/16/17
 EVENT CONTACT NAME: Amateallah Omar EMAIL: amateallahomar@yahoo.com
 NAME OF EVENT: Hijab Day: What is Hijab? LOCATION: USU (Pasadena Room)
 EVENT DATE: 04/06/17 BEGIN TIME: 3:00 END TIME: 4:30 ESTIMATED ATTENDANCE: 30-40 ppl

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS)

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 BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

We will be inviting a speaker to talk about the hijab and what it means for Muslim women and Muslim men. We will also have student reflections in accordance relation to our Hijab Day talking.

WHO IS INVITED (CHECK ALL THAT APPLY):

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Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

PRESIDENT: _____ SIGNATURE: _____ DATE: _____

TREASURER: _____ SIGNATURE: _____ DATE: _____

EVENT GUIDELINES

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STUDENT ORG. OFFICER'S NAME: Arooba Chaudhry SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): [Signature] DATE: 03/16/17

ADVISOR'S NAME: Robert Weide SIGNATURE: [Signature] DATE: 3-16-17

ACKNOWLEDGMENT – FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: [Signature] DATE: 3/20/17
CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

CENTER FOR STUDENT INVOLVEMENT DIRECTOR: _____

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? NO YES DATE REQUIRED: _____

NOTIFICATIONS:

PUBLIC AFFAIRS DATE: _____ ATHLETICS DATE: _____
 DEPT. OF PUBLIC SAFETY DATE: _____ FACILITIES USE COORDINATOR DATE: _____

NOTES OR UPDATES:

MSA

MUSLIM STUDENT ASSOCIATION

HIJAB DAY

WHEN: APRIL 6TH

PART 1: 11AM-3PM, Workshop to try on the hijab.

**PART 2: 3:14-5:30pm, A talk about what is hijab and
Women in Islam**

WHERE: PART 1 U-SU WALKWAY

PART 2 U-SU Ahambra ROOM

***FREE COFFEE AND FOOD WILL BE
SERVED**





Golden
Eagle
Hospitality

California State University, Los Angeles
5151 State University Drive, Los Angeles, CA 90032
Phone: (323) 343-6770 - Fax: (323) 343-6771
Banquet Event Order

BEO # E29288
Event Date: 4/6/2017 Thursday

Client/Organization Muslim Student Association		Event Date 4/6/2017 (Thu)	Booking Contact Amataallah Omar		Event # E29288
Address 321 East Maple Street, Apt. #8			City, St/Prov Postal Glendale, CA 91205	Booking Tel (818) 572-6524	Guests 40 (Act)
Party Name Muslim Student Association		Sales Rep Amy Miers	Theme		Category

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		2:45 pm	3:00 pm	Student Union	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Deliver to USU Pasadena Room at 3:00PM			
(40) Disposables	Each	0.35	14.00
(1) Tuna Salad Tea Sandwiches	Dozen(s)	12.00	12.00
(1) Cucumber Cream Cheese Tea Sandwiches	Dozen(s)	12.00	12.00
(1) Vegetable Samosa	Dozen(s)	20.00	20.00
(1) Small - Grilled Vegetables With Cayenne Dip (15-35pp)	Platter(s)	55.00	55.00
(1) Small - Hummus And Pita Chips (15-35pp)	Platter(s)	55.00	55.00
(1) Small - Lentil Salad(15-35pp)	Bowl(s)	35.00	35.00
(2) Assorted Bundt Cake	Dozen(s)	20.00	40.00
-(1)Banana			
-(1)Plain Glazed			
(1) Raspberry Ice Tea (Sweetened)	Gallon(s)	18.00	18.00
(1) Fresh-Brewed Coffee (Regular)	Gallon(s)	23.00	23.00
Water Service			

Notes

Trying for ASI funding

Authorized Signature & Date: _____

GEH Signature & Date: _____

E29288 - Muslim Student Association

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	243.00	41.00	0.00	0.00	0.00	0.00	0.00	284.00
Service Charge	41.31	6.97	0.00	0.00	0.00	0.00	0.00	48.28
Taxes	24.88	4.20	0.00	0.00	0.00	0.00	0.00	29.08
Total	309.19	52.17	0.00	0.00	0.00	0.00	0.00	361.36

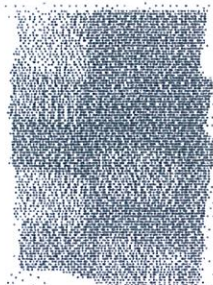
Subtotal	284.00	Paid	0.00	
Tax	29.08	Balance	361.36	
Service Charge	48.28			
Total Value	361.36			

By signing this document, you are authorizing UAS to deduct payment from the above charge account once service is rendered. This 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 8.75% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date: _____

GEH Signature & Date: _____

SAVING ON 100% OF YOUR PURCHASE
WITH A SAVING CARD THAT SAVES YOU
UP TO 10% OFF EVERY PURCHASE



\$75.00

\$75.00

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Total: \$75.00

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You saved items you paid for