



Associated Students, Inc.

Funding Request Form

2017-18

"...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

Officer Name:
 Officer Title:
 Address:
 City/State/Zip:
 Phone & Email:
 Officer Signature:

Organization

Club/Organization: Sigma Lambda Beta
 Event Title: Raspado Fundraiser
 Date(s) of Event: 2/5/18 Semester: Select One...
 Location of Event: Library North Main Walkway
 Expected Total Attendance: 50
 Expected Attendance of Cal State LA Students: 50

Event Description and Total Cost Breakdown

Briefly describe the event:

Our organization will be selling raspados on campus in order to accumulate funds.

Is the event open to all Cal State LA students?: Select One...

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

This event will help enhance the Cal State La experience by providing students an alternative snack at a minimal cost.

Hospitality

Description	Amount
16oz Plastic cups(2)	\$8.89
Blue Rasb syrup	\$6.39
Strawberry syrup	\$6.39
watermelon syrup	\$6.39

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount
Jumbo straws	\$1.69
Plastic spoons	\$3.99

Event Summary

Total Cost of Event: \$33.74
 Amount Requested from A.S.I.: \$33.74
 Amount from other sources: \$33.14

What other resources are you employing for this event?

For Office Use Only • Do Not Write Below

Important:

- (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-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.

All forms must have a Time Stamp and

staff initial: '18 JAN 22 AM 11:44:21

STUDENT ORGANIZATION 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.**

NAME OF ORGANIZATION: *Sigma Lambda Beta Fraternity Inc* PHONE: _____
 EVENT CONTACT NAME: *Jason Garcia*
 NAME OF EVENT: *Raspado Sale* LOCATION: *Main Walkway*
 EVENT DATE: *Feb. 5, 12, 19* BEGIN TIME: *11:00am* END TIME: *4:00pm* ESTIMATED ATTENDANCE: *50*

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

<input checked="" type="checkbox"/> BENEFITS TO PROCEED	<input type="checkbox"/> EDUCATIONAL PROGRAM	<input type="checkbox"/> SPIRITUAL PROGRAM	<input type="checkbox"/> RECREATIONAL PROGRAM
<input type="checkbox"/> DANCE/PARTY	<input type="checkbox"/> SOCIAL PROGRAM	<input type="checkbox"/> COMMUNITY SERVICE	<input type="checkbox"/> CONFERENCE/CONVENTION

OTHER: _____

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> SPORTS ACTIVITY OR COMPETITION	<input type="checkbox"/> FOREST/PARK CLEAN-UP	<input type="checkbox"/> INTERNATIONAL TRAVEL
<input type="checkbox"/> BEACH CLEAN-UP	<input type="checkbox"/> INDOOR/OUTDOOR COOKING	<input type="checkbox"/> DOMESTIC TRAVEL
<input type="checkbox"/> BEACH BONFIRE		

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):
We will be selling Raspados to fundraise for our 2018 convention.

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) NO YES

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 *1831 W 2nd Los Angeles CA 90057*
 IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: *Sigma Lambda Beta*

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 _____ PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.
 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, 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 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.

BY: *DM*

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES
TEMPORARY FOOD FACILITY PERMIT**

Print Form

Clear Form

Date of Event: 02/05/18, 02/12/18, 02/19/18 Estimated Attendance: 50+

Name of Event: Raspado Sale

Type of Event: Proceeds to Benefit Location: Main Walkway

Sponsoring Organization: Sigma Lambda Beta

Authorized Representative: Oscar Martinez Phone: _____ Fax: _____

Time:
Access Time: 10:30 a.m./p.m. to 4:30 a.m./p.m.
Event Time: 11 a.m./p.m. to 4 a.m./p.m.

Type of Food Service:
 Bake Sale Snacks Food Sale Catering
 Barbecue Potluck Other (describe below)

(Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food Facility Guidelines for further instructions.)

Describe Other: _____

List all food and potentially hazardous food (see Temporary Food Facility Guidelines for definition) items to be sold/served (include ingredients), use back of page if necessary. Ice, Syrup.

Where will this food be prepared or purchased [Note no Home Baked/Cooked Items are Allowed]? Purchased.
Numero Uno 1431 W 3rd Los Angeles, CA 90057

List all beverages to be sold/served: N/A

Where will beverages be prepared or purchased? N/A

Method/s of maintaining proper holding temperatures for potentially hazardous food/s during transportation and service: In a cooler.

Agreement: For the privilege of selling foods and/or beverages on campus, the Sponsoring Organization shall have attended a food handling orientation (offered at the beginning of Fall and Spring quarters), agrees to read, understand, and comply with the CSLA Temporary Food Facility Guidelines governing food sales or service. Failure to comply with the rules may result in the loss of food and/or beverage selling/serving privileges and possibly disciplinary action.

Insurance: (Student Organizations Only) As a prerequisite, the Sponsoring Student Organization agrees to obtain proper insurance coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the event date and ASI agrees to include the Sponsoring Student Organization's activity in its insurance policy. This Temporary Food Permit will not be approved unless accompanied by a proof of ASI insurance.

No liability will be assumed by California State University, Los Angeles, University-Student Union, or University Auxiliary Services for any food or beverage the sponsoring organization provides to the campus community. This permit should be submitted at least 10 days prior to the activity for proper reviews and approvals; otherwise there is no guarantee of completion by the event date.

All signatures shall be obtained in the following order. Student organizations need all signatures; other organizations **1, 3 and 4** only.

Oscar Martinez
1. Signature of Sponsoring Organization Chairperson _____ Authorized Representative to be present at event

2. Center for Student Involvement (UU 204) (Student Organizations Only) _____ Date 1-19-18

Amy Miller
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314) _____ Date 1/19/18

Alan Shomer 18-038
4. Environmental Health & Safety (Corporate Yard Bldg. 244) _____ Permit No. _____ Date 1/19/18

**Sigma
Lambda Beta**

Sprina

Raspado

Sale

Located in the main
walkway

ASI

ASSOCIATED STUDENTS, INC.

THE ACTIVITIES AND OPINIONS PRESENTED ARE NOT
NECESSARILY THOSE OF ASSOCIATED STUDENTS, INC.

Store #337

See Us On WEB www.smartandfinal.com

Cashier: Trivon

DATE 01/21/18

TIME 15:28:06

FS/FK 162 Pist Cup	4.49	T
Was \$5.99 / YOU SAVED -> \$1.50		
FS/FK 162 Pist Cup	4.49	T
Was \$5.99 / YOU SAVED -> \$1.50		
FS Blue Rasp Syrup	6.39	F
FS Straw Syrup	6.39	F
FS Watermelon Syru	6.39	F
FS 7 3/4 Jumbo Str	1.69	T
SV Pistc Soup Spoo	3.99	T
SUBTOTAL	33.83	
Sales Tax	1.39	

TOTAL	35.22
Cash	TENDER 18.00
Debit	TENDER
Cash	CHANGE 17.22
	.00

TOTAL NUMBER OF ITEMS THIS VISIT -- 7

***** Electronic Payment Activity *****
 01/21/2018 15:31:52
 Total: USD\$ 17.22
 US DEBIT Entry Method: CHIP
 CARD #: XXXXXXXXXXXXXXX8898
 PURCHASE APPROVED
 AUTH CODE: 239399

Mode:	Issuer
AID:	A0000009900840
TVR:	8080048000
IAD:	060110A03A08000
TSI:	6800
ARC:	00
TC:	60AA9022F28EB9F8
MID: 287977 TID:	001 SEQ: 025011

PIN VERIFIED

***** Electronic Payment Activity *****

15:31:57 OPN 10120628 01/21/18
 Term:2 Trans # 229 Store # 337

THANK YOU FOR SHOPPING
 YOUR SMART AND FINAL
 STORE MANAGER: ROSELYN AGUILAR
 1 (323) 708-5734

 We want to know your thoughts
 so we can serve you better.

Complete our customer survey
 and be entered for a chance
 to win one of five

\$100 SmartCash Cont...



Buy More. Save More.

ONE for	FOUR or more for
6.39	5.79



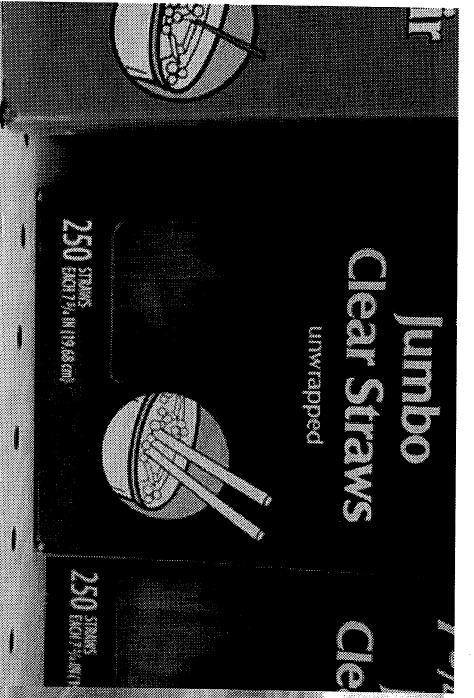
Buy More. Save More.

ONE for	FOUR or more for
6.39	5.79



Buy More. Save More.

ONE for	THREE or more for
5.99	2.09



First Street 7 3/4 in Jumbo Clear Straws
Extra Savings on Quantity Purchases!

250ct
100% POLYPROPYLENE
BPA FREE

ONE for	SIX or more for
1 69 EA	1 29 EA

0.27¢ per ea 0.20¢ per ea
Amount Dependent on Item Weight



Simply Value Plastic Soap
Sponges
Extra Savings on Quantity Purchases!

ONE for	SIX or more for
3 99 EA	2 99 EA

4.99¢ per ea 4.99¢ per ea
Amount Dependent on Item Weight



First Street All-in-One Super Syrup
Extra Savings on Quantity Purchases!

ONE for	SIX or more for
6 39 EA	5 79 EA

1.06¢ per ea 0.96¢ per ea
Amount Dependent on Item Weight