Funding		t Form	· ·
Contact Officer Name: Officer Title: Address: City/State/Zip: Phone & Email: Officer Signature:	escription and	Organization Club/Organization: Financial Managemet Association Event Title: Intern Panel Date(s) of Event: 2/14/2018 Semester Spring ocation of Event: SH 141	
Hospitality		Honoraria/Contracts	
Description Pizza Water	Amount 29.85 7.38	Description ————————————————————————————————————	Amount
Marketing		Other	
Description Flyers	Amount 11.25	Tax CA redemption value	Amount 3.90 3.20
Event Summary		For Office Use Only • Do	Not Write Below
Total Cost of Event: 55.58 Amount Requested from A.S.I.: 55.58 Amount from other sources: 0 What other resources are you employing for this event? None		 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 1:07:40

TAU FILL AND LAUVING

staff initial:

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: FMANCIAL Management ASCOCIATION PHONE:

DATE: 1/24/18

EVENT CONTACT NAME: MAYTVA MAIKVOJOJA

EMAIL:0

NAME OF EVENT: INFOVO POWEL

LOCATION: SH C141

EVENT DATE: 7/14/18

BEGIN TIME: 5:00

END TIME: 4:00

ESTIMATED ATTENDANCE: 50 +

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: GENEVAL MEETING

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):

General meeting with members, including panel of student guest speakers, shaving internship advice and experiences.

WHO IS INVITED (CHECK ALL THAT APPLY):

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-NO. I DO NOT WISH FOR MY EVENT TO BE POSTED. weekly email by the Center for Student Involvement.

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?

YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?

YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?

UNIVERSITY CATERING

OTHER: COSTIO PIZZA

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?

IF YES, WHO WILL PROVIDE THE FOOD?

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? If so, please affirm organization members and guests will not consume alcohol.



Initials

PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?

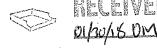


YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?



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.



Updated 08.18.17 | Page 1 of 2

17. 0

STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy.

Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization. Please include how much the organization will be charging for any of these proceeds.

PRESIDENT	: Marina Malkhasova	SIGNATURE: MMAQ.	DATE: 1/24/18				
TREASURE	₹:	SIGNATURE:	DATE:				
EVENT G	GUIDELINES						
The following to comply w	g guidelines are provided for the bene with any of the following guidelines ma	efit of the student organization. They are intended to by result in disciplinary action taken against the organ mation can be found online in the Student Organiza	nization including suspension of				
CONDUCT:	The organization assumes full responsi	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 Student Conduct.					
ALCOHOL:	In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TiPS certified members to be in attendance of the entire event. Additional guidelines may be enforced.						
PUBLICITY:							
GENERAL RELEASE:	If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.						
MAY BE SUB	L GUIDELINES SET FORTH BY THE UNIVE JECT TO CANCELLATION BASED ON MY O DRG. OFFICER'S NAME	E RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH ERSITY. I ACKNOWLEDGE THAT THIS EVENT AND ANY A ORGANIZATION'S RECOGNITION STATUS. SIGNATURE (PLEASE USE BLUE OR BLACK INK OR	SSOCIATED EVENT SPACE RESERVATIONS NLY) DATE: 1/24/15				
Yalav	1 Feng	Vym	1/25/18				
CENTER I CSI VERIFI ASSISTAN GENERAL NOTIFIC	FOR STUDENT INVOLVEMENT (U-S SES THE ORG. IS RECOGNIZED BY THE UI NT DEAN OF STUDENTS: WELLNESS RELEASE REQUIRED FOR ALL PART ATIONS: LIC AFFAIRS DATE:	NIVERSITY S & ENGAGEMENT ICIPANTS? NO YES DATE REQUIRED: ATHLETICS	DATE:				
☐ DEP1	I. OF PUBLIC SAFETY DATE:	FACILITIES USE COORDINATO	R DATE:				
NOTESOE	DIIDDATES:	등에 맛이지 말아왔어요? 김동경을 사랑하다 하는 여름이 없었다.	그렇게 되고 하고 있는데 그렇게 되었다면서 이 사람들이 없다.				

CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 2/14/18	Estimated Attendance: 50
Name of Event: TVTEVN PCINE	
	ation: SHC141
Sponsoring Organization: FIVANCIAL MANAGEN	•
Authorized Representative: May ina Malkyasoja Pho	ne: Fax:
Time:	Costco
Access Time: 3.00 a.m./pm to 4.00 a.m./	
Event Time: 3:00 a.m. p.m to 4:00 a.m./	
Type of Food Service:	(Provide caterer's complete name and address in space
Bake Sale Snacks Food Sale	Catering above this box; see Paragraph 6.2(e) in Temporary Food
Barbecue Potluck Other (describe b	elow) Facility Guidelines for further instructions.)
Describe Other:	<u> </u>
List <u>all</u> food and potentially hazardous food (see Temporary Food Faingredients), use back of page if necessary. <u>COSTCO Piza</u>	acility Guidelines for definition) items to be sold/served (include
Where will this food be prepared or purchased [Note no Home Baked	d/Cooked Items are Allowed]?
List all beverages to be sold/served: WCHEV	
Where will beverages be prepared or purchased? Palphs	1416 E. Colorado St. Flendale CA 9120
Method/s of maintaining proper holding temperatures for potentially	· · · · · · · · · · · · · · · · · · ·
Agreement: For the privilege of selling foods and/or beverages on chandling orientation (offered at the beginning of Fall and Spring qua Temporary Food Facility Guidelines governing food sales or service and/or beverage selling/serving privileges and possibly disciplinary	rters), agrees to read, understand, and comply with the CSLA Failure to comply with the rules may result in the loss of food
<u>Insurance</u> : (Student Organizations Only) As a prerequisite, the Spot coverage from the Associated Students, Inc. (ASI) at least two week Student Organization's activity in its insurance policy. This Tempor proof of ASI insurance.	s prior to the event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, Los A Services for any food or beverage the sponsoring organization p submitted at least 10 days prior to the activity for proper reviews and event date.	rovides to the campus community. This permit should be d approvals; otherwise there is no guarantee of completion by the
All signatures shall be obtained in the following order. Student of	organizations need <u>all</u> signatures; other organizations 1, 3 and 4 only.
M·Mal.	Marina Malkhasova
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
	1130118
2. Center for Student Involvement (UIJ 204) (Student Organizations	o Only) Date
(Mull	1/30/18
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	#18-089 1/30/18
T CO Comment of the contract o	
4. Environmental Health & Safety (Corporate Yard Bldg. 244)	Permit No. Date
	Revised 05/2012







FINANCIAL MANAGEMENT ASSOCIATION

Intern Panel

Wednesday February 14, 2018 3:00 – 4:00 pm Salazar Hall 141

Come learn more about the internship experience and get advice from this semester's Intern Panel!

Panelists from: Northwestern Mutual, AltaMed, and Ernst & Young

Building a bridge between students and professionals #FMACSULA

©csula_fma csulafma fmacsulal@gmail.com

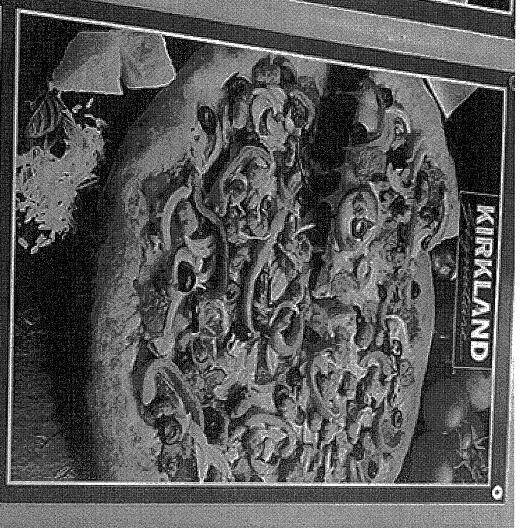


Financial Management Association (FMA)

Project Title: FMA Orientation Project Description: Intern Panel

Invoice Number: 2

Description	Quantity	Unit Price	Cost
Pizza	3	\$ 9.95	\$ 29.85
Water	2	\$ 3.69	\$ 7.38
Flyers	15	\$ 0.75	\$ 11.25
		\$	
		\$	
		\$	
		Subtotal	\$48.48
		Tax: 9.50%	\$ 3.90
		CA redemption value (for water bottles)	\$ 3.20
		Total	\$ 55.58



PNNA

SLICE
SLICE
SCHEESE: 760 cal.
PEPPERONI: 710 cal.

18" WHOLE

4,560 cal.
4,540 cal.
4,230 cal.



子。

Business License Ou

Epp Enrollment Confirmation

O Kristina Malkhasova

og Mail

\$0.88

Kroger Purified Drinking Water 16.9 fl oz

Sign In to Add



\$3.69 \$3.99

Kroger Purified Water Mini Bottles 32 bottles / 8 fl oz

Sign In to Add





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Home > Search: water > Kroger Purified Water Mini Bottles



Kroger Purified Water Mini Bottles

32 bottles / 8 fl oz

UPC: 0001111085813

\$3.69 \$3.99

Sign In to Add

