Associated Students, Inc. Funding Request Form

☐ Event Flyer w/ ASI Logo CSI Event Reg. Form For the Students, by the Students!" 2018-19 Estimates / Food Permits Organization Contact ■ Event Estimates / Invoices Club/Organization: Financial Management Association Officer Name: Event Title: Orientation Officer Title: Date(s) of Event 9/5/18 Semester Select One... Address: Location of Event: SH 163 City/State/Zip: Phone & Email: 60 Expected Total Attendance: 60 Officer Signature: Expected Attendance of Cal State LAStudents: **Event Description and Total Cost Breakdown** Is the event open to all Cal State LA students?: Select One... Briefly describe the event: To provide a brief description about our How will this program enhance the Cal State LA experience?: organization and the benefits of joining along with This program will allow students to become more how individuals can join. developed in personal and professional development. Hospitality Honoraria/Contracts Description Description Amount Amount In n Out Cheeseburger 30 In n Out Hamburger 30 Marketing Other Description Amount Description Amount Cheeseburger Price 2.45 Hamburger Price 2.15 **Taxes** 13.11 **Event Summary** For Office Use Only • Do Not Write Below \$77.71 Important: Total Cost of Event: (1) All Funding Request Forms must be turned in by 12 PM \$151.11 Amount Requested from ASI: Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally, funding request forms must be turned in no less Amount from other sources: than 10 business days (2 weeks) prior to the event. (3) Deadline for Request for Payment or Purchase Order (RPP) is What other resources are you employing for this event? 15 days after the event.

All forms must have a Time Stamp and

staff initial: DS

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Necessary Documents:

Orientation

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: Financial Management Association PHON	8-6-18
EVENT CONTACT NAME: EMAIL:	0 10
NAME OF EVENT: Orientation LOCATION: Sit 193	
EVENT DATE: 9/5/17 BEGIN TIME: 3,00 PM END TIME: 4.00PM ESTIMATED ATTENDANCE: 60	
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/CONVEN	
OTHER: General meeting for potential member)	
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):	
Orientation Meeting to inform Cal State LA Students about	
What to expect from our club.	
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 weekly email by the Center for Student Involvement. NO, I DO NOT WISH FOR MY EVENT TO	
WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION, PARTICIPATION FEE, OR RAISE ANY PROCEEDS TO BEN ORGANIZATION? (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form) 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? NO (YES) IN 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 Cater	ing.
WILL ALCOHOL BE PRESENT AT THE EVENT? (NO) YES. Please attach a completed request to serve alcoholic be (This form may take up to two weeks for review and possible	•
WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? NO YES Initials PLEASE L	IST 2 TIPS TRAINED
VEC DI FACE	S ON PAGE 2.
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO WILL BE INVI	PROVIDE WHO TED ON PAGE 2. 'ES
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 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 includ	le how much the organization w	ill be charging	Lfor any of th	iese proceeds	5.			
PRESIDENT	*		SIGNATURE	5	/ V-		DATE:	8/6/18
			SIGNATUR	E: Medo	lo this	uacia	DATE:	8/6/18
TREASURE					(71)000	<i>J</i>		
EVENT G	UIDELINES	•						
to comply wi	guidelines are provided for the b th any of the following guidelines events and use of facilities. More i	may result in c	disciplinary ac	tion taken aga	inst the organi	zation including	npletely. F g suspens	ailure iion of
CONDUCT:	The organization assumes full resp the participants and/or the organi	onsibility for the zation to discipli	conduct of pa nary action by	articipants at th the Center for	e event. Any vio Student Involver	lation of Universi ment or Student	ity policy I Conduct.	may subject
ALCOHOL:	In accordance with Administrat consumption of alcoholic bever submit a Request to Serve Alco 3 weeks for this form to be revi alcohol is available (but will not entire event. Additional guideli	ages requires a pholic Beverage ewed by the Ui be consumed	authorization es form in add niversity. App) require at le	from the Unividition to this E proved alcohol	versity. Your orgivent Registrati I consumption	ganization mus ion Form. Pleas events and eve	t comple e allow a nts held	te and t least where
PUBLICITY:	All publicity material must have of this organization do not necessity.	the name of thessarily reflect t	ne sponsoring those of the s	group and th tudents, staff,	e following stat faculty, or adm	tement: "The ac ninistration of C	ctions and Cal State I	d opinions LA."
GENERAL RELEASE:	If your event will require the use organization is required to com requested documents.	e of general rele ply with all inst	ease waivers ructions prov	prior to organ ided by CSI, ir	ization membe ncluding submi	r and guest par tting all comple	ticipation eted form	n, your is and
FOLLOW AL	RE BELOW INDICATES THAT I WILL L GUIDELINES SET FORTH BY THE U JECT TO CANCELLATION BASED ON	NIVERSITY. I AC MY ORGANIZAT	KNOWLEDGE TION'S RECOGI	THAT THIS EVE NITION STATUS.	NT AND ANY AS	SOCIATED EVEN	ON IS SPO	NSORING WILL RESERVATIONS
STUDENT	DRG, OFFICER'S NAME	SIG	GNATURE (PL	EASE USE BLUE	OR BLACK INK ON	LY) DATE:	6/1	8
ADVISOR'S	NAME		+	70			α' 110	~
			/			81,	1/17	9
33003360700663000000707070	······ACKNOWLI		I – FOR	OFFICE SIGNATORE		_Y mmumaana	DATE	
CENTER	FOR STUDENT INVOLVEMENT		Cort	. ///	~		812	2/18

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT

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:

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: PHONE: DATE:				
EVENT CONTACT NAME: EMAIL:				
NAME OF EVENT: LOCATION:				
EVENT DATE: BEGIN TIME: END TIME: ESTIMATED ATTENDANCE:				
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.) PROCEEDS TO BENEFIT				
WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY) SPORTS ACTIVITY OR COMPETITION BEACH/FOREST/PARK CLEAN-UP INDOOR/OUTDOOR COOKING AMPLIFIED SOUND ANIMALS PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):				
PLEASE DESCRIBE THE EVENT BELOW (INCLOSE ALE ACTIVITIES).				
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY) PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: NCLUDESITE & HANDLE WHO WILL BE 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 biweekly 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 RAISE ANY PROCEEDS TO BENEFIT THE ORGAZNIZATION? (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				
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 PLEASE LIST 2 TIPS and SVPT				
If so, please affirm organization members and guests will not consume alcohol. TRAINED MEMBERS ON PAGE 2.				
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO 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.				

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.

DDECIDENT	10 Mg 14 Mg 15 Mg		SIGNATI	IDE:			DATE:
PRESIDENT: TREASURER:			SIGNATI				DATE:
	ORGANIZATION ACC	OUNT #:		or	APPROVED EXE	EMPT STATUS: CSI	VERIFICATION
EVENT G	UIDELINES	·		·			
to comply wi	th any of the followin	ded for the benefit of the g guidelines may result in lities. More information o	in disciplinary	action taken ag	gainst the organiz	zation including :	pletely. Failure suspension of
CONDUCT:		es full responsibility for the cor plinary action by the Center fo				ersity policy may sub	ect the participants and/or
ALCOHOL:	alcoholic beverages re Beverages form in add Approved alcohol con	Iministrative Procedure 019 equires authorization from the dition to this Event Registrates under events and event and Violence Prevention & Forced.	the University. Y Ition Form. Plea ts held where a	'our organizatior se allow at least Icohol is availabl	n must complete an 3 weeks for this fo le (but will not be c	nd submit a Reque rm to be reviewed consumed) require	est to Serve Alcoholic I by the University at least two TiPS certified
PUBLICITY:	marketing registered e been registered. All pe	nust comply with University events are required to be str inted material may be post mp must be clearly visible o	amped by CSI p ted for up to a p	orior to their app period of fourtee	roved posting. Sta	amps can be obtaii	ned after the event has
GENERAL RELEASE:		re the use of general releas ructions provided by CSI, in					r organization is required
		THAT I WILL TAKE RESPON					
		RTH BY THE UNIVERSITY. I A ON BASED ON MY ORGANIZ				SOCIATED EVENT	SPACE RESERVATIONS
	RG. OFFICER'S NAM				E OR BLACK INK ONL	LY) DATE:	
0.000							
ADVISOR'S	NAME						
		NOWLEDGMEN DLVEMENT (U-SU 204)		R OFFICE SIGNATUR		Y	nnnummunummunummunum DATE:
CSI VERIFI	ES THE ORG. IS RECO	GNIZED BY THE UNIVERSIT	TY				
ASSISTAN	NT DEAN OF STUDE	NTS: WELLNESS & ENG	SAGEMENT				
GENERAL	RELEASE REQUIRE	D FOR ALL PARTICIPAN	TS? NO	YES DATE	REQUIRED:		
NOTIFIC	ATIONS:						
PUBL	C AFFAIRS	DATE:		ATHLETICS		DATE:	
DEPT.	OF PUBLIC SAFETY	DATE:	[FACILITIES USI	COORDINATOR	DATE:	
ОТНЕ	R:		1	U-SU BUSINES	S OFFICE	DATE:	
NOTES OR	UPDATES: (TIPS-CERTIFIED/S	SVPT TRAINED MEMBERS, SOCIA	AL MEDIA SITES/H	ANDLES, INVITED A	MEDIA, ADDITIONAL IN	NFORMATION/REQUI	REMENTS)

CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 9/5/18	Estimated Attendance:
Name of Event: Drientation Meeting	
	tion: SH 163
Sponsoring Organization: Fingues Minage	, , , , , , , , , , , , , , , , , , ,
Authorized Representative:Phon	
Time:	
Access Time: 3200 a.m./p.n. to 4500 a.m./p.	
Event Time: 3.500 a.m./p/in. to 4.500 a.m./p/	In-n-Out Burger 1210 N Atlantic Blud Alhambra, CA 91801
Type of Food Service:	1210 N Atlantic Blud Alhambra, CA 9180
Bake Sale Snacks Food Sale	Catering (Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food
Barbecue Potluck Other (describe bel	Facility Cuidelines for further instructions)
Describe Other:	
List <u>all</u> food and potentially hazardous food (see Temporary Food Facingredients), use back of page if necessary. In - W - W -	
Where will this food be prepared or purchased [Note no Home Baked/	Cooked Items are Allowed]?IN -W -OV f
List all beverages to be sold/served: Water	
Where will beverages be prepared or purchased?	2 8
Method/s of maintaining proper holding temperatures for potentially h	4
Agreement: For the privilege of selling foods and/or beverages on car handling orientation (offered at the beginning of Fall and Spring quart Temporary Food Facility Guidelines governing food sales or service. and/or beverage selling/serving privileges and possibly disciplinary ac	ers), 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 Spons coverage from the Associated Students, Inc. (ASI) at least two weeks Student Organization's activity in its insurance policy. This Temporar proof of ASI insurance.	prior to the event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, Los Ar Services for any food or beverage the sponsoring organization prosubmitted at least 10 days prior to the activity for proper reviews and a event date.	vides to the campus community. This permit should be
All signatures shall be obtained in the following order. Student org	ganizations need all signatures; other organizations 1, 3 and 4 only.
1. Signature of Sponsoling Organization Chairperson	8/7/18
2. Center for Student Involvement (UU 204) (Student Organizations (Only) Date 5
amy weren	8/1/18
3. University Maxillary Services, Inc. (Golden Eagle Bldg 314)	Date
Chan Thomas	18-461 8/7/18
4 Environmental Health & Safety (Carporate Yard Rldy 244)	Permit No. Date

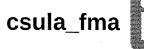
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Orientation September 5, 2018 SH 163 3PM - 4 PM













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Orientation
September 5, 2018
3pm - 4pm
SH 163



csula_fma



FMA CSULA





fmacsula1@gmail.com



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