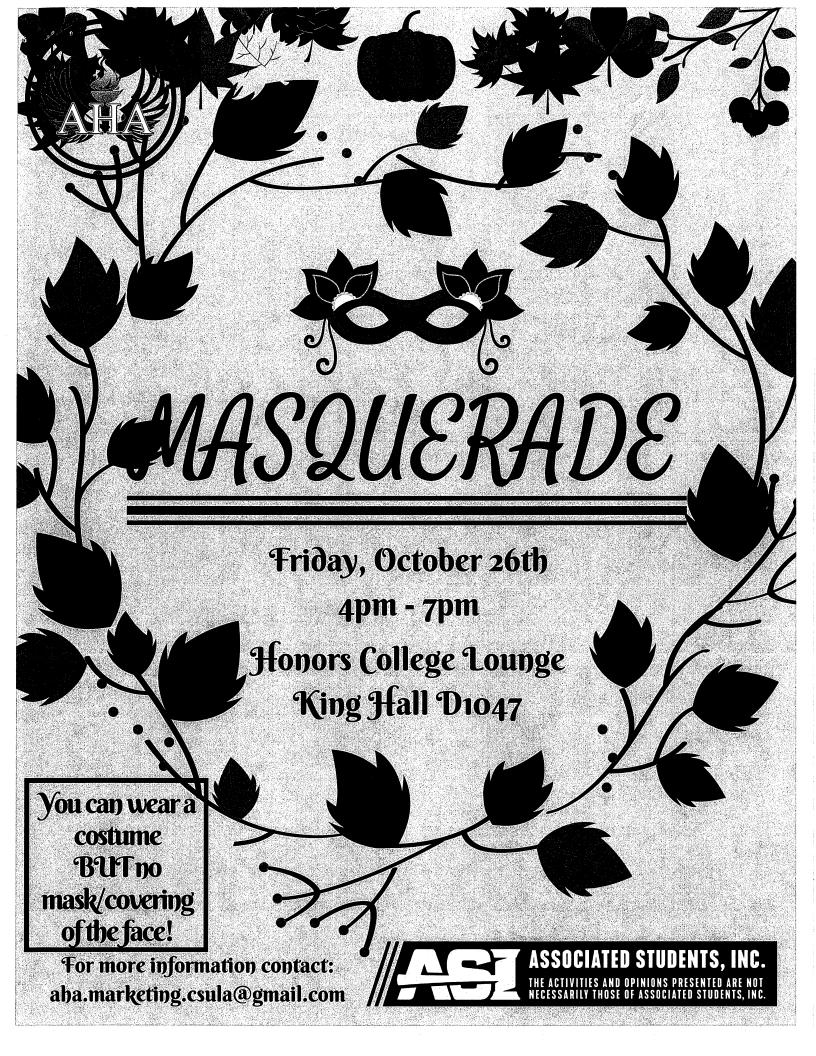
Associated Students, Inc. **Necessary Documents:** Event Flyer w/ ASI Logo **L**Funding Request Form CSI Event Reg. Form "...For the Students, by the Students!" 2018-19 Estimates / Food Permits **Organization** Contact Event Estimates / Invoices Club/Organization: Academic Honors Association Officer Name: Event Title: AHA Masquerade Officer Title: Date(s) of Event: 10/26/18 Fall Address: Location of Event: KHD1047 City/State/Zip: 20 Phone & Email: Expected Total Attendance: 20 Officer Signature Expected Attendance of Cal State LAStudents: **Event Description and Total Cost Breakdown** Is the event open to all Cal State LA students?: Yes Briefly describe the event: The Academic Honors Association will hold a masquerade at How will this program enhance the Cal State LA experience?: This event will allow attendees to meet new people, the end of October where attendees can mingle, eat, and have therefore providing an opportunity to network. This fun. event will also allow them to have a fun, relaxing time. Hospitality Honoraria/Contracts Description Description Amount Amount Food (Pizza, chicken rolls, etc.) \$129.24 Beverages \$21.88 Utensils \$26.29 **Marketing** Other Description Amount Description Amount Decoration \$35.06 **Event Summary** For Office Use Only • Do Not Write Below \$112.47 Important: Total Cost of Event: (1) All Funding Request Forms must be turned in by 12 PM \$212.47 Amount Requested from ASI: Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally, funding request forms must be turned in no less \$0 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: 71.8 SEP 25 pv3:01:01



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: ACACLIMIC HONORS ASSOCIATION PHONE: PHONE: 9/21/18
EVENT CONTACT NAME: EMAIL:
NAME OF EVENT: AHA Masquerade LOCATION: KHD1047
EVENT DATE: 10/26/18 BEGIN TIME: 4:00 P.M. END TIME: 7:00 P.M. ESTIMATED ATTENDANCE: 20
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.) PROCEEDS TO BENEFITEDUCATIONAL PROGRAMSPIRITUAL PROGRAMRECREATIONAL PROGRAMDANCE/PARTYXSOCIAL PROGRAMCOMMUNITY SERVICECONFERENCE/CONVENTIONOTHER:SPEAKER/PANEL
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 AMPLIFIED SOUND ANIMALS DESCRIPPE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):
PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES): Will be serving: Chicken rolls . Candy Costro Pizza . Pepsi products for Drinks . Pin the pumpkin in the pumpkin . Salad ring toss & charades Cookies
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY) PRINTED POSTCARDS PRINTED POSTCARDS PRINTED POSTCARDS PRINTED POSTCARDS PRINTED POSTCARDS PRINTED POSTCARDS OTHER: OTHER: OTHER: OTHER: 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.
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 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: Cost co Wholesale 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? YES Initials
If so, please affirm organization members and guests will not consume alcohol. PLEASE LIST 2 TIPS and SVPT 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.
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 conjuct CSI.

Updated 08.13.08 | Page 1 of 2

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.

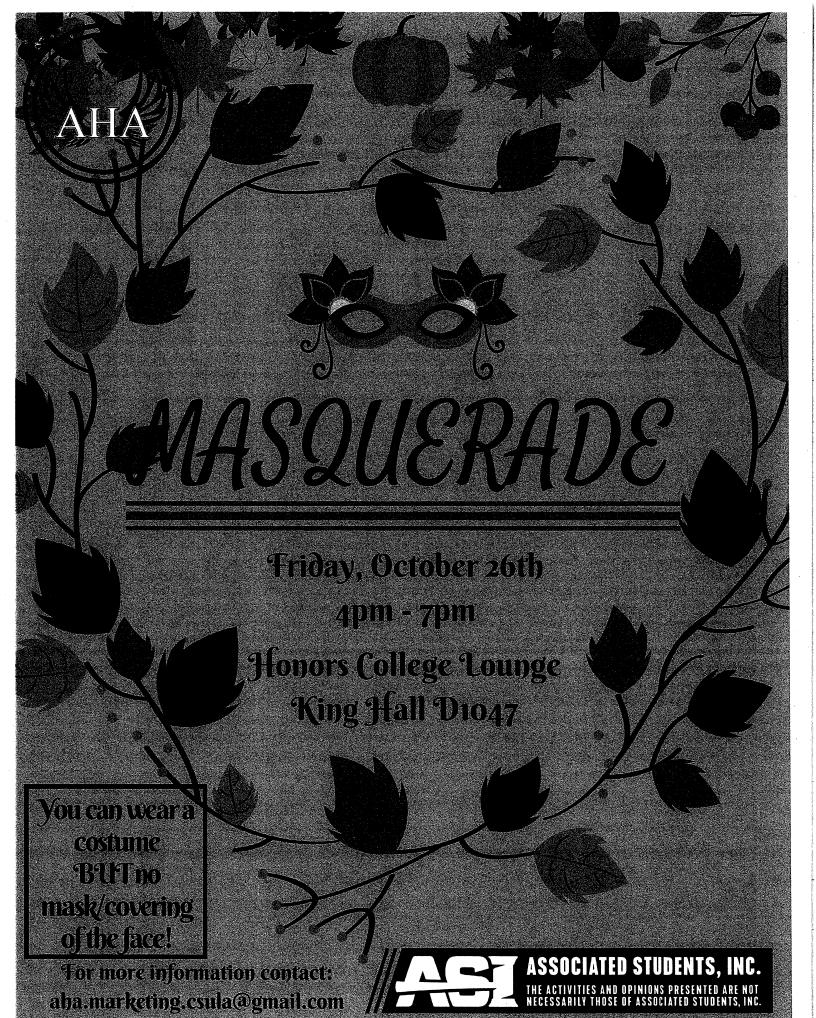
There	will be ar	, aamiss	ion tee () t 5 ac	Mars	for no	n-mei	in least a make a second of the second of th	
RESIDENT:			5	SIGNATURE:	Evered	o aren	મધ	DATE:	184 09/05 /
REASURER				SIGNATURE:	home	Reader	0	DATE:	9/6/18
	ORGANIZATION ACC	OUNT #:			or _	APPROVED EX		S: CSI VERIFI	CATION
	UIDELINES							la baba	Fallens
a comply wi	guidelines are proving th any of the following events and use of fac	ng guidelines ma cilities. More infor	y result in discip mation can be fo	linary action ound online i	taken aga n the Stud	ainst the organ dent Organizat	ization inclu ion Handbo	iding susper ok.	nsion of
ONDUCT:	The organization assum the organization to disc	ciplinary action by th	e Center for Studen	t Involvement o	r Student C	onduct.			
ALCOHOL:	In accordance with An alcoholic beverages researched and Approved alcohol commembers and two Seguidelines may be en	equires authorizat Idition to this Even nsumption events exual Violence Prev	ion from the Unive t Registration Form and events held w	ersity. Your org m. Please allov There alcohol is	janization r v at least 3 s available	must complete a weeks for this f (but will not be	and submit a orm to be re consumed) r	Request to Solviewed by the equire at leas	erve Alcoholic University. t two TiPS certified
UBLICITY:	All publicity material	must comply with	University Adminis	trative Proced	ures APP0	003 and AP P00	7. All printed	e obtained aft	be used for er the event has
	marketing registered been registered. All p VALID THRU " sta	orinted material ma	ay be posted for up	p to a period o	of fourteen	(14) calendar da	ys. For stude	nt organizatio	ons, the "POSTING
GENERAL RELEASE:	been registered. All p VALID THRU " sta If your event will requ to comply with all ins	orinted material ma amp must be clearl uire the use of geno tructions provided	ay be posted for up by visible on the fact eral release waiver by CSI, including	p to a period of ce of the posting s prior to orga submitting all	of fourteening. nization m completed	(14) calendar da ember and gues forms and requ	ys. For stude st participation	nt organization, your organ	ization is required
MY SIGNATU	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO	orinted material mate	ay be posted for uply visible on the face eral release waiver by CSI, including ERESPONSIBILITERSITY. I ACKNOW	p to a period of the posting sprior to organ submitting all the posting of the posting the	of fourteening. nization micompleted THAT THE	(14) calendar da ember and gues forms and requ EVENT WHICH NT AND ANY A	ys. For stude at participation ested docum	nt organization, your organication	ization is required ONSORING WILL
ELEASE: MY SIGNATU FOLLOW AL	been registered. All p VALID THRU " sta If your event will requ to comply with all ins	orinted material mate	ay be posted for uply visible on the face and release waiver by CSI, including E RESPONSIBILITERSITY. I ACKNOWN ORGANIZATION'S	p to a period of the posting sprior to orgation submitting all of the posting all of the posting spring the property of the posting spring the posting spring spring prior the posting spring s	of fourteening. Inization micrompleted THAT THE THIS EVE IN STATUS	(14) calendar da ember and gues forms and requ EVENT WHICH NT AND ANY A	ys. For stude st participatio sested docur MY ORGANIZ SSOCIATED I	nt organization, your organication	ization is required ONSORING WILL
RELEASE: MY SIGNATU FOLLOW AL	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO	orinted material mate	ay be posted for uply visible on the face and release waiver by CSI, including E RESPONSIBILITY ERSITY, I ACKNOV ORGANIZATION'S SIGNAT	p to a period of the posting sprior to orgation submitting all of the posting submitting all of the posting spring	of fourteening. nization micrompleted THAT THE THIS EVE N STATUS.	(14) calendar da ember and gues forms and requ EVENT WHICH NT AND ANY A	ys. For stude st participatio sested docur MY ORGANIZ SSOCIATED I	n, your organization, your organization ZATION IS SPEVENT SPACE	ization is required ONSORING WILL
RELEASE: MY SIGNATU FOLLOW AL	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO	orinted material mate	ay be posted for uply visible on the face and release waiver by CSI, including E RESPONSIBILITY ERSITY, I ACKNOV ORGANIZATION'S SIGNAT	p to a period of the posting sprior to orgation submitting all of the posting all of the posting spring the property of the posting spring the posting spring spring prior the posting spring s	of fourteening. nization micrompleted THAT THE THIS EVE N STATUS.	(14) calendar da ember and gues forms and requ EVENT WHICH NT AND ANY A	ys. For stude st participatio sested docur MY ORGANIZ SSOCIATED I	n, your organization, your organization ZATION IS SPEVENT SPACE	ization is required ONSORING WILL RESERVATIONS
RELEASE: MY SIGNATU FOLLOW AL	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO	orinted material mate	ay be posted for uply visible on the face and release waiver by CSI, including E RESPONSIBILITY ERSITY, I ACKNOV ORGANIZATION'S SIGNAT	p to a period of the posting sprior to orgation submitting all of the posting submitting all of the posting spring	of fourteening. nization micrompleted THAT THE THIS EVE N STATUS.	(14) calendar da ember and gues forms and requ EVENT WHICH NT AND ANY A	ys. For stude st participatio sested docur MY ORGANIZ SSOCIATED I	n, your organization, your organization ZATION IS SPEVENT SPACE	ization is required ONSORING WILL RESERVATIONS
RELEASE: MY SIGNATU FOLLOW AL MAY BE SUB	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO UECT TO CANCELLATION S NAME	printed material mate	ay be posted for uply visible on the faceral release waiver by CSI, including E RESPONSIBILITERSITY, I ACKNOW ORGANIZATION'S SIGNAT	p to a period of the postile sprior to organ submitting all the postile submitted submit	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS. USE BLUE	ember and gues forms and requested forms and requested forms and requested for the following states of	st participation is participation is participation is steed docum MY ORGANIZ SSOCIATED INLY) DA	n, your organization, your organization ZATION IS SPEVENT SPACE ATE: 9//	ization is required ONSORING WILL E RESERVATIONS
RELEASE: MY SIGNATU FOLLOW AL MAY BE SUB	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO	printed material mate	ay be posted for uply visible on the faceral release waiver by CSI, including E RESPONSIBILITERSITY, I ACKNOW ORGANIZATION'S SIGNAT	p to a period of the posting sprior to orgation in the posting submitting all by TO ENSURE MLEDGE THAT IS RECOGNITION TURE (PLEASE MANA)	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS USE BLUE HUMAN FFICE	ember and gues forms and requestern which NT AND ANY AND ANY AND ANY AND ANY AND ANY AND	st participation is participation is participation is steed docum MY ORGANIZ SSOCIATED INLY) DA	n, your organization, your organization n, your organization nents. ZATION IS SPEVENT SPACE ATE: 9//	ization is required ONSORING WILL E RESERVATIONS 118
ELEASE: MY SIGNATU FOLLOW AL MAY BE SUB	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO UECT TO CANCELLATION S NAME	orinted material mate	by be posted for uply visible on the face rail release waiver by CSI, including E RESPONSIBILITERSITY, I ACKNOW ORGANIZATION'S SIGNATION OF COMMENT OF COM	p to a period of the postilities prior to organ submitting all by TO ENSURE WLEDGE THAT IS RECOGNITION TURE (PLEASE MANA CONTINUE) POR OF SIGNATURE SIGNATURE SIGNATUR	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS. USE BLUE HOTO FICE ENATURE	ember and gues forms and requestern which NT AND ANY AND ANY AND ANY AND ANY AND ANY AND	st participation is participation is participation is steed docum MY ORGANIZ SSOCIATED INLY) DA	n, your organization, your organization ZATION IS SPEVENT SPACE ATE: 9//	ization is required ONSORING WILL E RESERVATIONS 118 24/18
ELEASE: MY SIGNATU FOLLOW AL MAY BE SUB ADVISOR CENTER	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO UECT TO CANCELLATION NAME	crinted material mate	y be posted for uply visible on the faceral release waiver by CSI, including E RESPONSIBILITERSITY. I ACKNOW ORGANIZATION'S SIGNATION ORGANIZATION ORGANIZATION'S SIGNATION ORGANIZATION'S SIGNATION ORGANIZATION'S SIGNATION ORGANIZATION'S SIGNATION ORGANIZATION OR	p to a period of the posting sprior to orgation in the posting submitting all by TO ENSURE MLEDGE THAT IS RECOGNITION TURE (PLEASE MANA)	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS. USE BLUE HOTO FICE ENATURE	ember and gues forms and requestern which NT AND ANY AND ANY AND ANY AND ANY AND ANY AND	st participation is participation is participation is steed docum MY ORGANIZ SSOCIATED INLY) DA	n, your organization, your organients. ZATION IS SPEVENT SPACE ATE: 9/	ization is required ONSORING WILL E RESERVATIONS 118 24/18
MY SIGNATU FOLLOW AL MAY BE SUB ADVISORS CENTER CSI VERIF	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO JECT TO CANCELLATION NAME FOR STUDENT INV HES THE ORG. IS RECO	conted material mater	y be posted for uply visible on the face and release waiver by CSI, including E RESPONSIBILITERSITY, I ACKNOW ORGANIZATION'S SIGNATION OF SIGNATIO	p to a period of the postility of the po	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS. USE BLUE HOTO FICE ENATURE	ember and gues forms and requestern which NT AND ANY AND ANY AND ANY AND ANY AND ANY AND	st participation is participation is participation is steed docum MY ORGANIZ SSOCIATED INLY) DA	n, your organization, your organients. ZATION IS SPEVENT SPACE ATE: 9/	ization is required ONSORING WILL E RESERVATIONS 118 24/18
MY SIGNATU FOLLOW AL MAY BE SUB ADVISORS CENTER CSI VERIF	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO JECT TO CANCELLATION NAME FOR STUDENT INV	conted material mater	y be posted for uply visible on the faceral release waiver by CSI, including E RESPONSIBILITERSITY. I ACKNOW ORGANIZATION'S SIGNATION'S SIGNATION SIGN	P to a period of the posting of the	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS. USE BLUE HOUSE FICE ENATURE	ember and gues forms and requestern which NT AND ANY AND ANY AND ANY AND ANY AND ANY AND	st participation is participation is participation is steed docum MY ORGANIZ SSOCIATED INLY) DA	n, your organization, your organients. ZATION IS SPEVENT SPACE ATE: 9/	ization is required ONSORING WILL E RESERVATIONS 118 24/18
MY SIGNATU FOLLOW AL MAY BE SUB ADVISOR CENTER CSI VERIF ASSISTA GENERAL	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO JECT TO CANCELLATION NAME FOR STUDENT INV FIES THE ORG. IS RECO	conted material mater	y be posted for uply visible on the faceral release waiver by CSI, including E RESPONSIBILITERSITY. I ACKNOW ORGANIZATION'S SIGNATION'S SIGNATION SIGN	P to a period of the posting of the	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS. USE BLUE HOUSE FICE ENATURE	ember and gues forms and requestorms and requestorms and requestorms and requestorms and any Amount of the second	ys. For stude at participatio lested docum MY ORGANIZ SSOCIATED I NLY) DA	n, your organization, your organients. ZATION IS SPEVENT SPACE ATE: 9/	ization is required ONSORING WILL E RESERVATIONS 118 24/18
MY SIGNATU FOLLOW AL MAY BE SUB ADVISORS CENTER CSI VERIF ASSISTA GENERAL NOTIFIC	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES IL GUIDELINES SET FO UECT TO CANCELLATION NAME FOR STUDENT INV RIES THE ORG. IS RECO INT DEAN OF STUDING L RELEASE REQUIRE	conted material mater	y be posted for uply visible on the faceral release waiver by CSI, including E RESPONSIBILITERSITY. I ACKNOW ORGANIZATION'S SIGNATION'S SIGNATION SIGN	FOR OF SIC NO DI YE	of fourteening. nization micrompleted THAT THE THIS EVE IN STATUS. USE BLUE HOUSE FICE ENATURE	ember and gues forms and requestorms and requestorms and requestorms and requestorms and any Amount of the second	st participation is participation is participation is steed docum MY ORGANIZ SSOCIATED INLY) DA	n, your organization, your organients. ZATION IS SPEVENT SPACE ATE: 9/	ization is required ONSORING WILL E RESERVATIONS 118 24/18
MY SIGNATU FOLLOW AL MAY BE SUB ADVISOR CENTER CSI VERIF ASSISTA GENERAL NOTIFIC	been registered. All p VALID THRU " sta If your event will requ to comply with all ins IRE BELOW INDICATES L GUIDELINES SET FO JECT TO CANCELLATION FOR STUDENT INV FIES THE ORG. IS RECO NT DEAN OF STUDI L RELEASE REQUIRE CATIONS:	CNOWLED COLVEMENT (U- DOGNIZED BY THE U DATE:	y be posted for uply visible on the face and release waiver by CSI, including E RESPONSIBILITERSITY. I ACKNOW ORGANIZATION'S SIGNATION'S SIGNATION'S SIGNATION'S SIGNATION'S SU 204) UNIVERSITY	FOR OF SIGNATION TO BUSINE WILD BE THAT SECONITION FOR OF SIGNATION NO YE ATH	FICE FICE THAT THE THIS EVE N STATUS. USE BLUE FICE FONATURE	ember and gues forms and requestorms and requestorms and requestorms and requestorms and any Amount of the second	ys. For stude at participatio lested docum MY ORGANIZ SSOCIATED I NLY) DA	n, your organization, your organients. ZATION IS SPEVENT SPACE ATE: 9/	ization is required ONSORING WILL E RESERVATIONS 118 24/18

CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 10/20118	Estimated Attendance: 20
Name of Event: AHA Masqueracle	
Type of Event: Social Program Location: KH	1D1047
Sponsoring Organization: Academic Honors Association	(or)
Authorized Representative Phone	Fax:
Time:	2207 W. Commonwealth Ave
Access Time: 3:00 a.m. p.m. to 4:00 a.m. p.m. Event Time: 4:00 a.m. p.m. to 7:00 a.m. p.m.	Alhambra, CA 91803
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: Refreshments, Pizza, and Sr	nacks
List <u>all</u> food and potentially hazardous food (see Temporary Food Facility Guidel ingredients), use back of page if necessary. <u>Chicken rolls, Cost</u>	
candy	
Where will this food be prepared or purchased [Note no Home Baked/Cooked Iter	ns are Allowed]? <u>Costco Wholesale</u>
List all beverages to be sold/served: Pepsi soda and Aquafi	na water
Where will beverages be prepared or purchased? <u>Costco</u> wholesa	
Method/s of maintaining proper holding temperatures for potentially hazardous for	
Agreement: For the privilege of selling foods and/or beverages on campus, the Shandling orientation (offered at the beginning of Fall and Spring quarters), agrees Temporary Food Facility Guidelines governing food sales or service. Failure to cand/or beverage selling/serving privileges and possibly disciplinary action.	s to read, understand, and comply with the CSLA
<u>Insurance</u> : (Student Organizations Only) As a prerequisite, the Sponsoring Stude coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the Student Organization's activity in its insurance policy. This Temporary Food Per proof of ASI insurance.	event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, Los Angeles, Uni Services for any food or beverage the sponsoring organization provides to the submitted at least 10 days prior to the activity for proper reviews and approvals; of event date.	e campus community. This permit should be
All signatures shall be obtained in the following order. Student organizations	need <u>all</u> signatures; other organizations 1, 3 and 4 only.
Omno diamanda	
Onna Hermandes 1. Signature of Sponsgring Organization Chairperson	Authorized Representative to be present at event
Inless	9/25/18
2. Center for Student Involvement (UU 204) (Student Organizations Only)	Date
anuperen	7/2-5/18
3. University waxiliary Services, Voc. (Golden Eagle Bldg 314)	Date 9/25/18
(Wen Thomas 18-	-661 9/25/18
4. Environmental Health & Safety (Corporate Yard Bldg. 244) Permit N	To. Date







Event Date:

10/26/18

Company Purchasing From:

Costco Wholesale 2207 W Commonwealth Ave, Alhambra, CA 91803 (626) 289-7164

*Invoice only an estimate

Description	Quantity	Price (\$)	Subtotal (\$)	Tax (\$) (Rate 9.5%)	Total Cost (\$)
Pizza	4	9.95	39.80	3.78	43.58
Chicken Rolls	1	32.99	32.99	3.13	36.12
Salad	3	4.29	12.87	1.22	14.09
Cookies	2	7.99	15.98	1.52	17.50
Candy	1	16.39	16.39	1.56	17.95
Food					129.24
Pepsi	1	9.99	9.99	0.95	10.94
Diet Pepsi	1	9.99	9.99	0.95	10.94
Beverage					21.88
Estimated Amount	t				151.12

Total Estimated Amount with Dollar Tree Products (Invoice # 202): \$212.47

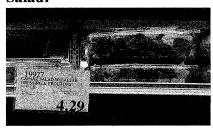
Pizza:



Chicken Rolls:



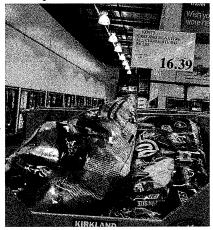
Salad:



Cookies:



Candy:



Pepsi:



Diet Pepsi:





Invoice #: 202

Event Date:

10/26/18

Company Purchasing From:

Dollar Tree 855 Sepulveda Blvd Torrance, CA 90502 (424) 210-4451

*Invoice only an estimate

Description	Quantity	Price	Subtotal	Tax (\$)	Total
		(\$)	(\$)	(Rate 9.5%)	Cost (\$)
Plates	6	1.00	6.00	0.57	6.57
Cups	6	1.00	6.00	0.57	6.57
Cutlery	3	1.00	3.00	0.29	3.29
Tongs	3	1.00	3.00	0.29	3.29
Napkins	6	1.00	6.00	0.57	6.57
Utensils					26.29
Polyester Maple Leaves	4	1.00	4.00	0.38	4.38
Fake Flowers	7	1.00	7.00	0.67	7.67
Fake Pumpkins	7	1.00	7.00	0.67	7.67
Glass Bowls	7	1.00	7.00	0.67	7.67
Table Covers	7	1.00	7.00	0.67	7.67
Decoration					35.06
Estimated Amount					61.35

Total Estimated Amount with Costco Products (Invoice # 201):

\$212.47

Plates, \$1 per packet:



Cups, \$1 per packet:



Cutlery, \$1 per packet:



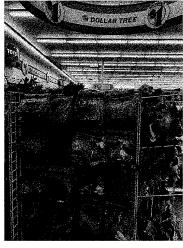
Tongs, \$1 per unit:



Napkins, \$1 per packet:



Polyester Maple Leaves, \$1 per packet:



Fake Flowers, \$1 per unit:



Fake Pumpkins, \$1 per unit:



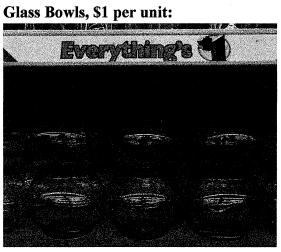


Table Covers, \$1 per unit:

