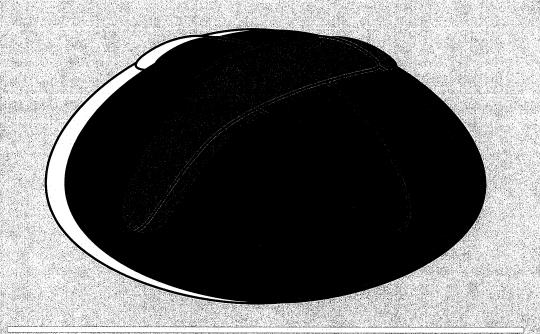
₹Associated Students, Inc. **Necessary Documents:** Event Flyer w/ ASI Logo LFunding Request Form CSI Event Reg. Form For the Students, by the Students!" 2018-19 Estimates / Food Permits Organization Contact Event Estimates / Invoices Club/Organization: Academic Honors Association Officer Name: Event Title: AHA Porto's Fundraiser Officer Title: Date(s) of Event: 11/13/18 Fall Semester _____rai Address: Location of Event: Golden Eagle Plaza City/State/Zip: N/A Phone & Email: **Expected Total Attendance:** N/A Officer Signature Expected Attendance of Cal State LAStudents: **Event Description and Total Cost Breakdown** Is the event open to all Cal State LA students?: Briefly describe the event: The Academic Honors Association will have a food sale in order How will this program enhance the Cal State LA experience?: This event will allow students to practice their to fundraise. All funds go the club in order to fund future communication skills and meet new members of the academic and community service events. Cal State LA community. Honoraria/Contracts Hospitality Description Description Amount Amount Food \$213.53 Other Marketing Amount Description **Amount** Description **Event Summary** For Office Use Only • Do Not Write Below \$213.53 Important: Total Cost of Event: (1) All Funding Request Forms must be turned in by 12 PM \$213.53 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 <u>staff initial:</u> "18 SEP 25 FAR:01:05 N



PORTO'S FUNDRAISER

Tuesday, November 13th

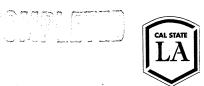
FROM 7AM TO 5PM AT GOLDEN EAGLE PLAZA



For more information contact: aha.marketing.csula@gmail.com



STUDENT ORGANIZATION EVENT REGISTRATION FORM



pdated 08.13.08 | Page 1 of 2

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:	Plademic Honors Assoc	jation PHONE:	DATE: 9/7/18	İ
EVENT CONTACT NAME:			EMAIL:	
NAME OF EVENT: AHA	Porto's Fundrauser	LOCATION	1: Golden Eagle Plane	
EVENT DATE: 11/13/15	BEGIN TIME: 7:00 am END T	IME: 5:00 pm EST	IMATED ATTENDANCE: N/A	
TYPE OF ACTIVITY (THE UNIVER PROCEEDS TO BENEFIT DANCE/PARTY	RSITY'S GENERAL RELEASE WILL BE REQUESTED TO SOCIAL PROGRAM	UIRED FOR CERTAIN EVENTS.) SPIRITUAL PROGRAM COMMUNITY SERVICE SPEAKER/PANEL	RECREATIONAL PROGRAM CONFERENCE/CONVENTION	
WILL YOUR EVENT INCLUDE SPORTS ACTIVITY OR CON BONFIRE AMPLIFIED SOUND	ANY OF THE FOLLOWING? (PLEASE APETITION BEACH/FOREST/PAR INDOOR/OUTDOO ANIMALS	K CLEAN-UP	INTERNATIONAL TRAVEL DOMESTIC TRAVEL	
Will be selling	t below (include all activities) L for \$2 or 4 L for \$2 or 3 L for \$2 or 3	1 cheese vol	or I guava roll + balls for \$3	
	IS EVENT? (CHECK ALL THAT APPLY			
WHO WILL BE INVITED? (CHE STUDENT ORG. MEMBERS	CAL STATE LA COMMUNITY	OTHER COLLEGES & UNIV		T
Events intended for the ge weekly email by the Cente		" community	ntion Calendar of Events distributed in a bi- NOT WISH FOR MY EVENT TO BE POSTED.	
WILL THE EVENT HAVE AN ADM (If yes, please complete statem	IISSION CHARGE, REGISTRATION FEE, C ent regarding proceeds to benefit trans	sactions on the back of this f	orm) NO YES	
WILL A MOVIE BE SHOWN?	✓ NO YES (If yes, please attach	written proof of viewing rig	hts.)	
WILL THE EVENT HAVE SECU	IRITY? X NO YES If yes, plea	se explain		
IF YES, WHO WILL PROVID	THE EVENT? NO X YES E THE FOOD? UNIVERSITY CATER it is required for all on-campus event	ING SOTHER: Porto	•	
WILL ALCOHOL BE PRESENT			request to serve alcoholic beverages. to weeks for review and possible approval.)	
WILL THE EVENT BE HELD IN A	RESTAURANT/VENUE WHERE ALCOHOL	y	YES Initials	
	affirm organization members and g			<u>:</u> 2.
	BE NOTIFIED ABOUT THE EVENT (N			
DOES THE STUDENT ORGAN	IZATION WANT TO PURCHASE SPEC	CIAL EVENT INSURANCE FO	OR THIS EVENT? X NO YES	
the University-Student Union	t organization events are not covered . Student organization officers or the a ance for a particular event, please conta	advisor may be held persona	nce by California State University, Los Angeles o lly liable. If the student organization would like t ಕಾರ್ಯ ಆ ಕ್ಷೇತ್ರಕ್ಕೆ ಕ್ಷಾತ್ರಕ್ಕಾಗಿ	or O

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.

quava		r\$2 or 4 r\$2 or 3	for \$3 for \$3	1 Cheese ro + 2 pota	on or la	uava ro for \$	11. 3
PRESIDENT:	ralls I fo	<u> </u>	for 3 SIGNA	TURE: Proposed)	Prevene		ATE: (30/05//6
TREASURER:				12 V 7 V 1 V 1	4 Keelows		ATE: 9/6/18
	ORGANIZATION ACC	COUNT #:			PROVED EXEMPT :		RIFICATION
	UIDELINES	-					
to comply wit	th any of the followi	ng guidelines may res	ult in disciplinar	ganization. They are in y action taken against I online in the Student	the organization	including sus	
CONDUCT:	_		•	pants at the event. Any vio Ivement or Student Condu		olicy may subject	the participants and/or
ALCOHOL:	alcoholic beverages r Beverages form in ad Approved alcohol co	equires authorization fro dition to this Event Reg nsumption events and e xual Violence Preventio	om the University istration Form. Pl vents held where	Severages, any event (on . Your organization must ease allow at least 3 wee alcohol is available (but ained (SVPT) members to	complete and sub eks for this form to will not be consun	mit a Request be reviewed by ned) require at	to Serve Alcoholic the University. least two TiPS certified
PUBLICITY:	marketing registered been registered. All p	events are required to b	e stamped by CS posted for up to a	re Procedures AP P003 a il prior to their approved a period of fourteen (14) the posting.	posting. Stamps of	an be obtained	l after the event has
GENERAL RELEASE:				or to organization memb nitting all completed forn			ganization is required
FOLLOW ALL	GUIDELINES SET FO		Y. I ACKNOWLE	ENSURE THAT THE EVE DGE THAT THIS EVENT A COGNITION STATUS.			
	RG. OFFICER'S NAI	•		(PLEASE USE BLUE OR B	LACK INK ONLY)	DATE:	•
ADVISOR'S			anna	r Hernande	25	917	118
ADVISOR S	NAME			M		9/7	118
		NOW! FROM		D OFFICE U			
	(2014년) 1일			OR OFFICE US SIGNATURE:	SE ONLY ""	111111111111111111111111111111111111111	DATE:
		OLVEMENT (U-SU 2	4	LUD B		9.	21 18
		GNIZED BY THE UNIVE					
		D FOR ALL PARTICIE				•••••	
	ATIONS:	DE ON ALL PARTICIP	ANTS? NO	YES DATE REG	WUIKED:		
	C AFFAIRS	DATE:		ATHLETICS	D	ATE:	
	OF PUBLIC SAFETY	DATE:		FACILITIES USE COO	RDINATOR D	ATE:	
Потне	R	DATE:		U-SU BUSINESS OFFI			

NOTES OR UPDATES: (TIPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)

CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 11/13/18	Estimated Attendance: N/A
Name of Event: AHA Porto's Fundraiser	
Type of Event: Fundraiser Loc	ation: Golden Eagle Plaza
Sponsoring Organization: Academic Honors F	
Authorized Representative Pho	
Time:	
Access Time: 7:00 a.m/p.m. to 8:00 a.m/	315 N. Brand Blvd.
Event Time: 8:00 (a.m./p.m. to 5:00 a.m./	(-100 dale (H 01203
Type of Food Service:	
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 b	Facility Cuidelines for further instructions
Describe Other:	
List <u>all</u> food and potentially hazardous food (see Temporary Food Faingredients), use back of page if necessary. <u>Potato balls</u>	
Where will this food be prepared or purchased [Note no Home Baked $Ca\ell\ell$	VCooked Items are Allowed]? Porto's Bakery and
List all beverages to be sold/served: \(\sum / A \)	
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
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 in Insurance: (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.	rters), agrees to read, understand, and comply with the CSLA. Failure to comply with the rules may result in the loss of food action. assoring Student Organization agrees to obtain proper insurance is 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
All signatures shall be obtained in the following order. Student of	rganizations need <u>all</u> signatures; other organizations 1, 3 and 4 only
Onna Hornandey 1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
1. Signature opensoring organization champerson	
2. Center for Student Involvement (UU 204) (Student Organizations	9.21.18 Only) Date
	na ilini
3. University Auxiliary Services/Inc. (Golden Eagle Bldg 314)	Date .
1 B. Vina -	18-647 9/21/18
4. Environmental Health & Safety (Corporate Yard Bldg. 244)	Permit No. Date



Invoice #: 301

Event Date:

11/13/18

Company Purchasing From:

Porto's Bakery 315 North Brand Blvd Glendale, CA 91203 (818) 956-5996

*Invoice only an estimate

Description	Quantity	Price (\$)	Subtotal (\$)	Tax (\$) (Rate 9.5%)	Total Cost (\$)
Potato Balls (50 count)	4	30.00	120.00	11.40	131.40
Cheese Rolls (25 count)	3	15.00	45.00	4.28	49.28
Guava and Cheese Pastry (50 count)	1	30.00	30.00	2.85	32.85
Food					213.53
Estimated Amount					213.53

Potato Balls:



FDOD

BAKE AT HOME



LOCATIONS

OUR STORY



POTATO BALL™-STUFFED POTATO (PARTY SIZED)

DESCRIPTION

Our classic mashed potato ball filled with pleadillo (ground beef, onions, peppers, and Spanish seasonings) coated in panko bread crumbs and fried to perfection. Available in counts of 25 and 50. Served cold for later heating. Platter available at additional price. If requested hot, they will be heated upon your arrival and served in an aluminum foil pan with lid (additional charge). Please allow 10-15 minutes for heating. 24 hour advance order required.

Price: \$15.00 25 Count.

\$30,00 50 Count. Item prices are subject to change.

Cheese Rolls:



FOOD

BAKE AT HOME



LOCATIONS

OUR STORY



CHEESE ROLL™ (PARTY SIZED)

DESCRIPTION

A Porto's classic! Flaky butter puff pasty filled with Porto's signature cream cheese. Served in a box in 25 count. Platter available at additional charge. 24 hour advance order required.

Price: \$15,00 25 Count.

\$30.00 50 Count, Item prices are subject to change

Guava and Cheese Pastry:

Refugiado™- Guava & Cheese x +

← → C â https://www.portosbakery.com/items/refugiado-guave-cheese-pastry-party-sized/

III Apps 🚭 GroupMe 📾 CSULA 📾 Stuff 🐞 Popular 🕌 Netflix 🎎 Hulu 🙏 Rabbit 🗢 BoA 👪 HSF 👶 Amazon

FOOD

BAKE AT HOME



LOCATIONS

OUR STORY



REFUGIADO™- GUAVA & CHEESE PASTRY (PARTY SIZED)

DESCRIPTION

A Porto's classic! Flaky butter puff pasty filled with Porto's signature cream cheese. Served in a box in 25 and 50 count. Platter available at additional charge. 24 hour advance order required.

Price: \$15.00 25 Count.

\$30.00 50 Count.. Item prices are subject to change.