Associated Students, Inc. Funding Request Form

Necessary Documents: Event Flyer w/ ASI Logo

CSI Event Reg. Form

12.	Estimates / Food	Permit
		· Ortino

	LU	10-1
Contact	The conf	

Officer Name:

Officer Title:

Address:

City/State/Zip:

Phone & Email:

Officer Signature

Organization

Event Estimates / Invoices

Club/Organization: Accounting Society

Event Title: LinkedIn Workshop

Date(s) of Event: 10/30/18

Semester Fall

Location of Event: U-SU San Gabriel Room

Expected Total Attendance:

20

Expected Attendance of Cal State LAStudents:

20

Event Description and Total Cost Breakdown

Briefly describe the event:

This event will help students set up a professional LinkedIn profile so they can build the connections they need to succeed lin their careers.

Is the event open to all Cal State LA students?: > Yes

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

It will help students prepare for the job market as they will learn how to effectively use LinkedIn for their careers.

Hospitality

Description Golden Eagle Hospitality

Amount \$209.47

Honoraria/Contracts

Description

Amount

Marketing

Description Flyers 75*5

Amount \$3.75

Other

Description

Amount

Event Summary

Total Cost of Event:

\$213.22

Amount Requested from ASI:

\$213.22

Amount from other sources:

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



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ACCOUNTING SOCIETY

California State University, Los Angeles

Linked in



Join us for our LinkedIn workshop presented by Nikita Lau from CBE. Learn how LinkedIn can help you build profesional connections

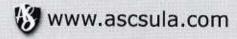
and market your brand.

TUESDAY, OCTOBER 30TH 10:00 - 12:00 PM USU San Gabriel

CONTACT US AT:

president.as.csula@gmail.com





@ @AS.CSULA

Accounting Society CSULA





STUDENT ORGANIZATION

purchase Special Event Insurance for a particular event, please contact CSI.

EVENT REGISTRATION FORM



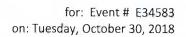
nis form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. Signatures must be completed in blue or black ink.

NAME OF ORGANIZATION:	Accounting 800	cieta	PHONE:	DATE: 10/1/20
EVENT CONTACT NAME:			EMAIL:	The second section of the sect
NAME OF EVENT:	Linked In v	Jornshop	LOCATION:	San Inline Room
EVENT DATE: (1)	BEGIN TIME: 10 100 OFF	END TIME: 12 000	m ESTIMATED A	TENDANCE: 20
PROCEEDS TO BENEFIT DANCE/PARTY OTHER:	VERSITY'S GENERAL RELEASE WILL EDUCATIONAL PROGRAM SOCIAL PROGRAM		OGRAM REC	REATIONAL PROGRAM FERENCE/CONVENTION
SPORTS ACTIVITY OR C BONFIRE AMPLIFIED SOUND	L_DLACI/FORD	EST/PARK CLEAN-UP UTDOOR COOKING	INTERNA	TIONAL TRAVEL IC TRAVEL
provide weful connections	in help students information of with profession THIS EVENT? (CHECK ALL THAT	n how to st rals.	gy active	
PRINTED POSTCARDS WHO WILL BE INVITED? (C STUDENT ORG, MEMBER	PRINTED POSTERS/FLIERS SO HECK ALL THAT APPLY): RS CAL STATE LA COMMUNITY	CIAL MIEDIA: CIUDESTIE & HANDLE WINDESTIE & OTHER COLLE	100 045, GUL 100 050 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENERAL PUBLIC GUEST LIST
	ter for Student Involvement.	De listed in the Studen		dar of Events distributed in a bi- FOR MY EVENT TO BE POSTED.
WILL THE EVENT HAVE AN AI (If yes, please complete state WILL A MOVIE BE SHOWN?	DMISSION CHARGE, REGISTRATION ment regarding proceeds to bene	N FEE, OR RAISE ANY PRO fit transactions on the ba	ck of this form)	E ORGAZNIZATION?
WILL THE EVENT HAVE SEC		es, please explain	viewing rights.	
WILL FOOD BE SERVED AT IF YES, WHO WILL PROV	T THE EVENT? YES	CATERING OTHER:		by University Catering.
WILL ALCOHOL BE PRESE	NT AT THE EVENT? NO	YES. Please attach a c	ompleted request to	serve alcoholic beverages.
if so, please	A RESTAURANT/VENUE WHERE ALE affirm organization members A BE NOTIFIED ABOUT THE EVE	COHOL IS AVAILABLE?	NO YES	PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2. YES, PLEASE PROVIDE WHO
	NIZATION WANT TO PURCHASI		L.	WILL BE INVITED ON PAGE 2.
Please be aware that stude	ent organization events are not c	overed for liability or otl	ner insurance by Calife	ornia State University, Los Angeles or the student organization would like to

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.

proceeds that	will be raised to benefi	t the organization. Please incl	ude how much the organiza	tion will be charging for	or any of these proceeds.	2010
1000			ku sanaka:			
PRESIDENT:			SIGNATURE:		DATE:	
TREASURER:			SIGNATURE:		DATE:	
U-SU STUDENT	ORGANIZATION ACC	OUNT #:	or	APPROVED EXEM	PT STATUS: CSI VERIFICATION	
EVENT G	UIDELINES					_
The following	guidelines are provi	ded for the benefit of the st ng guidelines may result in c cilities. More information can	disciplinary action taken a	against the organiza	followed completely. Failure tion including suspension of Handbook.	
CONDUCT:	The organization assun	nes full responsibility for the conduction by the Center for S	act of participants at the event.	Any violation of Universi	ty policy may subject the participants ar	nd/or
ALCOHOL:	alcoholic beverages of Beverages form in ac Approved alcohol comembers and two Se guidelines may be en	requires authorization from the dition to this Event Registration Insumption events and events lexual Violence Prevention & Re Inforced.	University. Your organization Form. Please allow at leas held where alcohol is availa sources Trained (SVPT) mer	on must complete and st 3 weeks for this forn ble (but will not be co nbers to be in attenda) that involves the consumption of submit a Request to Serve Alcoholi n to be reviewed by the University. nsumed) require at least two TiPS ce unce of the entire event. Additional	ertified
PUBLICITY:	marketing registered been registered, All p VALID THRU st	events are required to be stam printed material may be posted amp must be clearly visible on	nped by CSI prior to their ap I for up to a period of fourte the face of the posting.	proved posting. Stam en (14) calendar days.	All printed marketing to be used for nps can be obtained after the event l For student organizations, the "POS	STINIC
GENERAL RELEASE:	to comply with all ins	tructions provided by CSI, incl	uding submitting all comple	ted forms and reques		
MY SIGNATU	IRE BELOW INDICATE	THAT I WILL TAKE RESPONS	IBILITY TO ENSURE THAT THE	HE EVENT WHICH MY	ORGANIZATION IS SPONSORING V	VILL
FOLLOW AL	L GUIDELINES SET FO UECT TO CANCELLAT	ON BASED ON MY ORGANIZA	TION'S RECOGNITION STAT	US.	OCIATED EVENT SPACE RESERVATION	
	ORG. OFFICER'S NA		IGNATURE (PLEASE USE BL		DATE: 9/2011	1
ADVISOR'S	S NAME				1012/2018	
-					· ·	cc1111111111
			T - FOR OFFIC	E USE ONLY	/ manamanamanamanamanamanamanamanamanaman	Minimo
CENTER	FOR STUDENT IN	OLVEMENT (U-SU 204)	SIGNATO	~ ~	10-2-18	
CSI VERIF	IES THE ORG. IS REC	OGNIZED BY THE UNIVERSITY	Y Lue			inte
ASSISTA	NT DEAN OF STUD	ENTS: WELLNESS & ENGA	AGEMENT			
GENERA	L RELEASE REQUIR	ED FOR ALL PARTICIPANT	S? NO YES DA	TE REQUIRED:		
NOTIFI	CATIONS:					
PUB	LIC AFFAIRS	DATE:	ATHLETICS		DATE:	ens.
DEP	T. OF PUBLIC SAFETY	DATE:		USE COORDINATOR	DATE:	aur
Пот	IER:		Tu au au au au	IESS OFFICE	DATE:	
NOTES OF	UPDATES: (TIPS-CERTIFIE	SYPT TRAINED MEMBERS, SOCIAL	MEDIA SITES/HANDLES, INVITE	D MEDIA, ADDITIONAL IN	FORMATION/REQUIREMENTS)	
Added	1 University	, catering				





Client/Organization **Event Date Booking Contact** Event # Accounting Society 10/30/2018 (Tue) E34583 Address City, St/Prov Postal Booking Tel Guests 5154 State University Los Angeles, CA 90032 25 (Act) Party Name Sales Rep Theme Category Accounting Society Amy Miers

				Veni	ie		
Description	Туре	Start	End				Banquet Room
		9:45 am	10:00	am			Off-Site 4
	Food &	Beverage					
ood/Service Iten		Unit	Price	Total			
Deliver to US Room at 10:00A	SU San Gabriel AM						
25) Disposable	es	Each	0.50	12.50			
2) Donut Holes	S	Dozen(s)	10.00	20.00			
(3) Beef Taquite Avocado Sauce		Dozen(s)	16.00	48.00			
(1) Small - Cho (up to 35 guest	pped Fresh Fruit ts)	Bowl(s)	55.00	55.00			
(1) Fresh-Brewe (Regular)	ed Coffee	Gallon(s)	28.00	28.00			
Water Service							

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Tota
Subtotal	135.50	28,00	0.00	0.00	0.00	0.00	0.00	163.50
Service Charge	23.04	4.76	0.00	0.00	0.00	0.00	0.00	27.80
Taxes	15.06	3.11	0.00	0.00	0.00	0.00	0.00	18.17
Total	173.60	35.87	0.00	0.00	0.00	0.00	0.00	209.47
Subtotal	163,50 Paid		0.00					
Tax	18.17 Balance		209.47					
Service Charge	27.80							
Total Value	209.47							

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date: (Please sign &date all pages)