

# ASI Associated Students, Inc.

## Funding Request Form

"...For the Students, by the Students!"

### 2018-19

**Necessary Documents:**

- Event Flyer w/ ASI Logo
- CSI Event Reg. Form
- Estimates / Food Permits
- Event Estimates / Invoices

**Contact**

Officer Name: \_\_\_\_\_  
 Officer Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone & Email: \_\_\_\_\_  
 Officer Signature: \_\_\_\_\_

**Organization**

Club/Organization: Accounting Society  
 Event Title: AS Meets CAL CPA  
 Date(s) of Event: 11/09/18 Semester Fall  
 Location of Event: USU Alhambra  
 Expected Total Attendance: \_\_\_\_\_ 30+  
 Expected Attendance of Cal State LA Students: \_\_\_\_\_ 30+

**Event Description and Total Cost Breakdown**

Briefly describe the event:

Students will be able to learn more about being a CPA and what steps they can take to be ready to sit for the exam. Open to all majors and all students curious about the CPA exam.

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

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

By providing students a platform to learn about the CPA, we will be able to give them the knowledge required for them to take the steps to further increase their salary and job opportunities.

**Hospitality**

Description	Amount
Golden Eagle Hospitality	\$294.67

**Honorarial Contracts**

Description	Amount

**Marketing**

Description	Amount

**Other**

Description	Amount

**Event Summary**

Total Cost of Event: \$294.67

Amount Requested from ASI: \$294.67

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 staff initial:** SK

LN

18 OCT 26 PM 5:24:54



# ACCOUNTING SOCIETY

California State University, Los Angeles

## AS Meets



Thinking about becoming a CPA?

Come to our event to learn more about  
the requirements to be able to sit for the CPA exam


FRIDAY, NOVEMBER 9TH  
6:00 - 9:00 PM  
USU Third Floor  
ALHAMBRA ROOM

**CONTACT US AT:**

[president.as.csula@gmail.com](mailto:president.as.csula@gmail.com)

 [www.ascsula.com](http://www.ascsula.com)

 [@AS\\_CSULA](https://www.instagram.com/AS_CSULA)

 [Accounting Society CSULA](https://www.facebook.com/AccountingSocietyCSULA)



# 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: Accounting Society PHONE: [REDACTED] DATE: 10/17/18  
 EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]  
 NAME OF EVENT: Accounting Society Meet CalCPA LOCATION: CalCPA Address  
 EVENT DATE: 10/17/18 BEGIN TIME: 6:00 PM END TIME: 9:00 PM ESTIMATED ATTENDANCE: 20

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

PROCEEDS TO BENEFIT     EDUCATIONAL PROGRAM     SPIRITUAL PROGRAM     RECREATIONAL PROGRAM  
 DANCE/PARTY     SOCIAL PROGRAM     COMMUNITY SERVICE     CONFERENCE/CONVENTION  
 OTHER: Professional Event     SPEAKER/PANEL

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

SPORTS ACTIVITY OR COMPETITION     BEACH/FOREST/PARK CLEAN-UP     INTERNATIONAL TRAVEL  
 BONFIRE     INDOOR/OUTDOOR COOKING     DOMESTIC TRAVEL  
 AMPLIFIED SOUND     ANIMALS

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

Our student member is going to talk about CalCPA and the networking opportunities it has for students and how it has helped her develop professionally

HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)

PRINTED POSTCARDS     PRINTED POSTERS/FLIERS     SOCIAL MEDIA: as.cslu I.G.     OTHER: asesh.com  
INCLUDE SITE & 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 bi-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 ORGANIZATION? (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 [REDACTED]

WILL FOOD BE SERVED AT THE EVENT?  NO  YES  
 IF YES, WHO WILL PROVIDE THE FOOD?  UNIVERSITY CATERING     OTHER: [REDACTED]  
 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 [REDACTED] PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.  
 If so, please affirm organization members and guests will not consume alcohol.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?  NO  YES, PLEASE PROVIDE WHO 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.

update Time

# 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.

[REDACTED]

PRESIDENT: [REDACTED] SIGNATURE: [REDACTED] DATE: [REDACTED]  
 TREASURER: [REDACTED] SIGNATURE: [REDACTED] DATE: [REDACTED]

U-SU STUDENT ORGANIZATION ACCOUNT #: [REDACTED] or  APPROVED EXEMPT STATUS: CSI VERIFICATION

## EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities. More information can be found online in the Student Organization Handbook.

- CONDUCT:** 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 and two Sexual Violence Prevention & Resources Trained (SVPT) members to be in attendance of the entire event. Additional guidelines may be enforced.
- PUBLICITY:** All publicity material must comply with University Administrative Procedures AP P003 and AP P007. All printed marketing to be used for marketing registered events are required to be stamped by CSI prior to their approved posting. Stamps can be obtained after the event has been registered. All printed material may be posted for up to a period of fourteen (14) calendar days. For student organizations, the "POSTING VALID THRU \_\_\_\_" stamp must be clearly visible on the face of the posting.
- 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.

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY. I ACKNOWLEDGE THAT THIS EVENT AND ANY ASSOCIATED EVENT SPACE RESERVATIONS MAY BE SUBJECT TO CANCELLATION BASED ON MY ORGANIZATION'S RECOGNITION STATUS.

STUDENT ORG. OFFICER'S NAME: [REDACTED] SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): *Evan [Signature]* DATE: 01/19/18

ADVISOR'S NAME: [REDACTED] SIGNATURE: *[Signature]* DATE: 10/11/2018

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Signature]* DATE: 10/22/18

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: \_\_\_\_\_

OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_  U-SU BUSINESS OFFICE DATE: \_\_\_\_\_

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



Golden  
Eagle  
Hospitality

for: Event # E34698  
on: Friday, November 09, 2018

Client/Organization	Event Date	Booking Contact	Event #
Accounting Society	11/9/2018 (Fri)	[REDACTED]	E34698
Address	City, St/Prov Postal	Booking Tel	Guests
5154 State University	Los Angeles, CA 90032	[REDACTED]	20 (Act)
Party Name	Sales Rep	Theme	Category
Accounting Society	Amanda Tapia		

**Venue**

Description	Type	Start	End	Banquet Room	Setup Style
		5:30 pm	5:45 pm	Student Union	Delivery

**Food & Beverage**

Food/Service Items	Unit	Price	Total
Delivery to USU-Alhambra for 5:45pm			
(20) Disposables	Guest(s)	0.50	10.00
(20) Buffet-Style Meal	Guest(s)	11.00	220.00
-Lemon-Herb Grilled Chicken			
-Mashed Potatoes			
-Fresh Green Beans			
-Bread and Butter			
-Water Service			

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	230.00	0.00	0.00	0.00	0.00	0.00	0.00	230.00
Service Charge	39.10	0.00	0.00	0.00	0.00	0.00	0.00	39.10
Taxes	25.57	0.00	0.00	0.00	0.00	0.00	0.00	25.57
Total	294.67	0.00	0.00	0.00	0.00	0.00	0.00	294.67

Subtotal	230.00	Paid	0.00
Tax	25.57	Balance	294.67
Service Charge	39.10		
Total Value	294.67		

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)