Associated Students, Inc. Funding Request Form

"...For the Students, by the Students!" 2018-19

ZU10-19			Estimates / Food Peril	mits
Contact		Organization	☐ Event Estimates / Inve	oices
Officer Name:		Club/Organization: Association for		
Officer Title:		Event Title: ACM Resume Wor		
Address:		Date(s) of Event: 10/25	Semester Fall	<u>"/</u>
City/State/Zip:		Location of Event: ET 245		
Phone & Email:		Expected Total Attendance:		
Officer Signature		Expected Attendance of Cal State	LAStudents:3	30
Event De	escription and	Total Cost Breakdown	学院教验的	
Briefly describe the event:		Is the event open to all Cal State L	A students?: <u>Ye</u> r	1
The Resume Workshop is to help studetns ha		How will this program enhance the		
opportunity to build their resume and here the our employers want.	ey will learn what	This program will help stude help them learn about our er		ie and
Hospitality		Honoraria/Contracts		
Description	I Amount	Description	I Amoun	ıt
Pizza + Water	\$96.53			
Marketing Description	Amount	Other Description	Amoun	nt
Event Summary		For Office Use Only • I	Do Not Write Be	low
Total Cost of Event:	\$96.53	Important:	at he turned in by 12 DM	
Amount Requested from ASI:	\$96.53	(1) All Funding Request Forms mus Friday, the week before the Fun	ding Sub-Committee Mee	
Amount from other sources:	\$0.00	(2) Additionally, funding request for than 10 business days (2 weeks)		'ess
What other resources are you employing	g for this event?	(3) Deadline for Request for Payme 15 days after the event.		P) is
		All forms must have a Time Star staff initial: DN	mp and EP 24 cmll:47:07	

Necessary Documents:

□ Event Flyer w/ ASI Logo

☐ CSI Event Reg. Form

COMPUTER SCIENCE GUUB

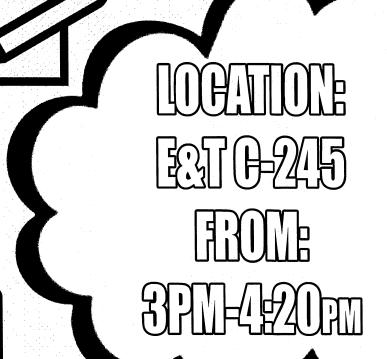
SKILLS &

POLISHYOUR

RESUME

THURSDAY,
OCTOBER 25TI

RESUME WORKSHOP





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: Ass	ociation for Computa	g Machinery	PHONE:	DATE: 9/14/18
EVENT CONTACT NAME:			EMAIL:	
NAME OF EVENT: ACM Re	sume Workshop	L	OCATION: E 7	245
EVENT DATE: [0/25] BEG	GIN TIME: 3:00 EN	D TIME: 4:30	ESTIMATED A	TTENDANCE: Jø
PROCEEDS TO BENEFIT DANCE/PARTY OTHER:	Y'S GENERAL RELEASE WILL BE R EDUCATIONAL PROGRAM SOCIAL PROGRAM	EQUIRED FOR CERTAIN SPIRITUAL PROG COMMUNITY SER SPEAKER/PANEL	RAM REC	CREATIONAL PROGRAM NFERENCE/CONVENTION
WILL YOUR EVENT INCLUDE AN SPORTS ACTIVITY OR COMPE BONFIRE AMPLIFIED SOUND PLEASE DESCRIBE THE EVENT B	BEACH/FOREST/F INDOOR/OUTD ANIMALS ELOW (INCLUDE ALL ACTIVITI	PARK CLEAN-UP OOR COOKING	INTERN. DOMES	ATIONAL TRAVEL FIC TRAVEL
the Resurt works opportunite, to hind of employ	hop is to help coreate their re ers look for	Colstate LA esure and	shidents 1 to find a	nove more at what our
WHO WILL BE INVITED? (CHECK STUDENT ORG. MEMBERS	ITED POSTERS/FLIERS SOCIAL NOLIDE: ALL THAT APPLY): CAL STATE LA COMMUNITY	MEDIA: acm. Co		GÉNERAL PUBLIC GUEST LIST
Events intended for the gener weekly email by the Center fo		***************************************	/	ndar of Events distributed in a bi- H FOR MY EVENT TO BE POSTED.
WILL THE EVENT HAVE AN ADMISS (If yes, please complete statement WILL A MOVIE BE SHOWN?		ransactions on the back	c of this form)	HE ORGAZNIZATION?
WILL THE EVENT HAVE SECURIT				
	EVENT? NO YES HE FOOD? UNIVERSITY CAT s required for all on-campus even	S		ed by University Catering.
WILL ALCOHOL BE PRESENT A	THE EVENT? NO YES			to serve alcoholic beverages. or review and possible approval.)
WILL THE EVENT BE HELD IN A RE	STAURANT/VENUE WHERE ALCOR		NO YES	Initials PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.
WILL OFF-CAMPUS MEDIA BE	NOTIFIED ABOUT THE EVENT	(NEWSPAPER, TV, R	ADIO, ETC.)?	O YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.
DOES THE STUDENT ORGANIZA				**************************************
the University-Student Union. St		ne advisor may be held		ifornia State University, Los Angeles or f 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.

DDECIDENT			SIGNATUR	c. 1 <i>- 12 - 2</i> 3	DATE Gliefe
PRESIDENT: TREASURER	2000		SIGNATUR		DATE: 9//3//8 DATE: 4//1//8
	T ORGANIZATION ACC	COUNT #:			EMPT STATUS: CSI VERIFICATION
			,	innightand C. Limini	
EVENT G	UIDELINES				
to comply w	ith any of the followi	ng guidelines may resu	It in disciplinary ad	-	oe followed completely. Failure ization including suspension of ion Handbook.
CONDUCT:		nes full responsibility for the ciplinary action by the Cente			ersity policy may subject the participants and/or
ALCOHOL:	alcoholic beverages r Beverages form in ac Approved alcohol co	requires authorization fror Idition to this Event Regis nsumption events and ev xual Violence Prevention	n the University. Yo tration Form. Please ents held where alc	ur organization must complete a e allow at least 3 weeks for this fo phol is available (but will not be	ous) that involves the consumption of and submit a Request to Serve Alcoholic form to be reviewed by the University. consumed) require at least two TiPS certified and ance of the entire event. Additional
PUBLICITY:	marketing registered been registered. All p	events are required to be	stamped by CSI pri osted for up to a pe	or to their approved posting. St riod of fourteen (14) calendar day	7. All printed marketing to be used for camps can be obtained after the event has ys. For student organizations, the "POSTING
GENERAL RELEASE:				organization member and gues ig all completed forms and requ	t participation, your organization is required ested documents.
FOLLOW AL	L GUIDELINES SET FO		. I ACKNOWLEDGE	THAT THIS EVENT AND ANY AS	MY ORGANIZATION IS SPONSORING WILL SSOCIATED EVENT SPACE RESERVATIONS
STUDENT	ORG OFFICER'S NAI	ME ·	SIGNATURE (PL	EASE USE BLUE OR BLACK INK ON	DATE: 9/14/18
ADVISOR'S	S NAME		PR	17	9/14/18
CENTER	FOR STUDENT INV	(NOWLEDGM) OLVEMENT (U-SU 20) OGNIZED BY THE UNIVER	4)	OFFICE USE ONL SIGNATURE:	Y9/21/18
ASSISTA	NT DEAN OF STUDE	ENTS: WELLNESS & E	NGAGEMENT 🛒		
GENERAL	RELEASE REQUIRE	ED FOR ALL PARTICIPA	NO NO	YES DATE REQUIRED:	
NOTIFIC	CATIONS:		•		
PUBL	IC AFFAIRS	DATE:		ATHLETICS	DATE:
DEPT	OF PUBLIC SAFETY	DATE:		FACILITIES USE COORDINATOR	DATE:
Потн	ER:	DATE:	Γ	U-SU BUSINESS OFFICE	DATE:

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: 10/25	Estimated Attendance: 30
Name of Event: ACM Resure Workshop	Estimated Attendance.
Type of Event: Educational Program Location:	ET 245 * Food outside
· · · · · · · · · · · · · · · · · · ·	the Machinery
Authorized Representative:	Fax: MA
Time:	2207 W. Common wealth Ave. Alhanbra 5151 State University Dr.
Access Time: 1:00 a.m./p.m to 4:30 a.m./p.m? Event Time: 1:00 a.m./p.m to 4:20 a.m./p.m?	5151 State University Dr,
Access Time: 1:00 a.m./p.m. to 4:30 a.m./p.m.? Event Time: 1:00 a.m./p.m. to 4:20 a.m./p.m.	Les Angely, CA 90032
Type of Food Service:	_
Bake Sale Snacks Food Sale Cater	(Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food
Barbecue Potluck Other (describe below)	Facility Guidelines for further instructions.)
Describe Other:	
List <u>all</u> food and potentially hazardous food (see Temporary Food Facility Gingredients), use back of page if necessary. Shares Pi TTO	uidelines for definition) items to be sold/served (include ON CAMOUS - 5757 STATE VANU, UL CA CA 90032
Where will this food be prepared or purchased [Note no Home Baked/Cooked purchased]	a Hems are Allowed ?! F E + C W De
List all beverages to be sold/served: Water	
Where will beverages be prepared or purchased? Water will be	purchaged at Costco
Method/s of maintaining proper holding temperatures for potentially hazardo	
will be brought over prior to ever	at start time.
Agreement: For the privilege of selling foods and/or beverages on campus, thandling orientation (offered at the beginning of Fall and Spring quarters), a Temporary Food Facility Guidelines governing food sales or service. Failure and/or beverage selling/serving privileges and possibly disciplinary action.	the Sponsoring Organization shall have attended a food grees to read, understand, and comply with the CSLA
<u>Insurance</u> : (Student Organizations Only) As a prerequisite, the Sponsoring coverage from the Associated Students, Inc. (ASI) at least two weeks prior to Student Organization's activity in its insurance policy. This Temporary Foodproof of ASI insurance.	o the event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, Los Angeles. Services for any food or beverage the sponsoring organization provides submitted at least 10 days prior to the activity for proper reviews and approve event date.	to the campus community. This permit should be
All signatures shall be obtained in the following order. Student organization	tions need \underline{all} signatures; other organizations 1, 3 and 4 only.
David Son	
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
	9.17.13
2. Center for Student Involvement (UU 204) (Student Organizations Only)	Date
amy Resen	9/17/18
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	Date
(b)an Shoman 10	5-611 9/18/18
4. Environmental Health & Safety (Corporate Yard Bldg. 244) Per	mit No. Date

Name	Place	Address	Cost	Amount	CRV (0.05/bottle)	Subtotal	Picture
24 Water Bottle Pack Meetings	Water	2207 W COMMONWEALTH	\$3.40	2	\$2.40	\$9.20	3,39
Sbarros x1 Pizzas S	Sbarros	5151 State University Dr	\$14.00			\$14.00	HUGE, PIZZA 14 1522
Sbarros x2 Pizzas S	Sbarros	5151 State University Dr	\$22.00	3		\$66.00 \$7.33	HUGE HUGE JERN TOTAL J
			Tax	0.0975 Total		\$7.33 \$96,53	