### Associated Students, Inc. Funding Request Form **2018-1**9

Necessary	Documents:
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- Event Flyer w/ ASI Logo
- CSI Event Reg. Form
- Estimates / Food Permits

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Officer Nam

Officer Titl

Addres

City/State/Zi

Phone & Email

Officer Signatur

#### **Organization**

Event Estimates / Invoices Club/Organization: Financial Management Association

Event Title: Pizza Fundraiser

Date(s) of Event:11/14/18

Semester Select One...

Location of Event: Near CSULA Bookstore

Expected Total Attendance:

40

Expected Attendance of Cal State LAStudents:

40

## Event Description and Total Cost Breakdown

Briefly describe the event:

FMA will be fundraising pizza for proceeds of benefit to enhance the organizations' experiences.

Is the event open to all Cal State LA students?: Select One..

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

By fundraising pizza, FMA is providing an affordable price and food alternative for the CSULA students, faculty and staff.

#### Hospitality

Description Costco Pizzas	Amount \$99.50	
Tax (9.5%)	\$9.45	

#### Honoraria/Contracts

Description	 Amount

#### Marketing

N/A

Description	Amount

#### Other

Description

Amount

#### **Event Summary**

Total Cost of Event:

\$108.95

Amount Requested from ASI:

\$108.95

Amount from other sources:

\$0.00

What other resources are you employing for this event?

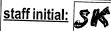
#### Important:

(1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.

For Office Use Only • Do Not Write Below

- (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.

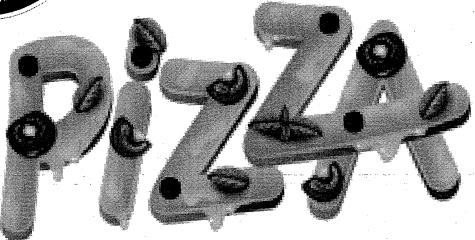
### All forms must have a Time Stamp and



118 OCT 25 pm4:31:37



## Will be fundrasing



Wednesday - November 14th, 2018
10:30am - 2:30 pm
Near CSULA Bookstore
\$2 per slice





csula fma



Fmacsula1@gmail.com





BUSINESS & ECONOMICS

## 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: Finar	cial Management Association	PHONE		DATE: 10/15/18
EVENT CONTACT NAME:			EMAIL:	
NAME OF EVENT: Pizza Fundraise	r	LOCATIO	ON: Near CSULA Books	store
EVENT DATE: 11/14/18 BE	GIN TIME: 10:30AM EN	D TIME: 2:30PM ES	TIMATED ATTENDANC	E: NA
TYPE OF ACTIVITY (THE UNIVERSI  PROCEEDS TO BENEFIT  DANCE/PARTY  OTHER:	TY'S GENERAL RELEASE WILL BE R EDUCATIONAL PROGRAM SOCIAL PROGRAM	SPEAKER/PANEL	RECREATIONAL CONFERENCE/	
WILL YOUR EVENT INCLUDE A	IY OF THE FOLLOWING? (PLE	ASE CHECK ALL THAT APPLY)		
SPORTS ACTIVITY OR COMP BONFIRE AMPLIFIED SOUND PLEASE DESCRIBE THE EVENT B	INDOOR/OUTD ANIMALS	OOR COOKING	INTERNATIONAL TR DOMESTIC TRAVEL	AVEL
Fundraisingi to help with proceeds a planning, execution along with strength of the strength o	igthening to improve our relations	ships as well.	Market allow students to	REMOREMENT OF THE PROPERTY OF
		and the second s		OTHER:
	NTED POSTERS/FLIERS SOCIAL NCLIDES  ALL THAT APPLYS	mea HANDLE @csula_tma		Other
immunit:	CAL STATE LA COMMUNITY	OTHER COLLEGES & UN	V. GENERAL PI	JBLIC GUEST LIST
Events intended for the gene weekly email by the Center fo	ral Cal State LA campus will be or Student Involvement.	gonomy	ration Calendar of Even	T. 1871 F. S. L. 1881 E. S
WILL THE EVENT HAVE AN ADMISS (If yes, please complete statement				ZATION?  Z NO YES
WILL A MOVIE BE SHOWN?	NO YES (If yes, please atta	ach written proof of viewing ri	ghts.)	
WILL THE EVENT HAVE SECURI	TY? INO TYES If yes, p	lease explain		
WILL FOOD BE SERVED AT THI	EVENT? NO V YES	erende terminate en deminate televiste de minimo en televista de minimo en el communicación en en el communicación e		
IF YES, WHO WILL PROVIDE T	HE FOOD? UNIVERSITY CAT	ERING OTHER: 2207 W.	Commowealth Ave, Alha	mbra, CA 91803
A completed food permit i	s required for all on-campus eve	ents with food unless the foo	is provided by Univers	ity Catering.
WILL ALCOHOL BE PRESENT A	THE EVENT? NO YES	. Please attach a complete (This form may take up to t		
WILL THE EVENT BE HELD IN A RE	STAURANT/VENUE WHERE ALCOH	OLIS AVAILABLE? VNO	YES Initials	DIENCE HET TIDE CNOT
If so, please affi	rm organization members and	guests will not consume al		PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.
WILL OFF-CAMPUS MEDIA BE	NOTIFIED ABOUT THE EVENT	(NEWSPAPER, TV, RADIO, E		L BEINVITED ON PAGE 2.
DOES THE STUDENT ORGANIZA	ITION WANT TO PURCHASE SP	ECIAL EVENT INSURANCE F	OR THIS EVENT? 🗹 N	O YES
the University-Student Union. S	rganization events are not cover udent organization officers of the e for a particular event, please co	e advisor may be held person	ally liable. If the student	organization would like to
		and the second s	Updo	sted 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.

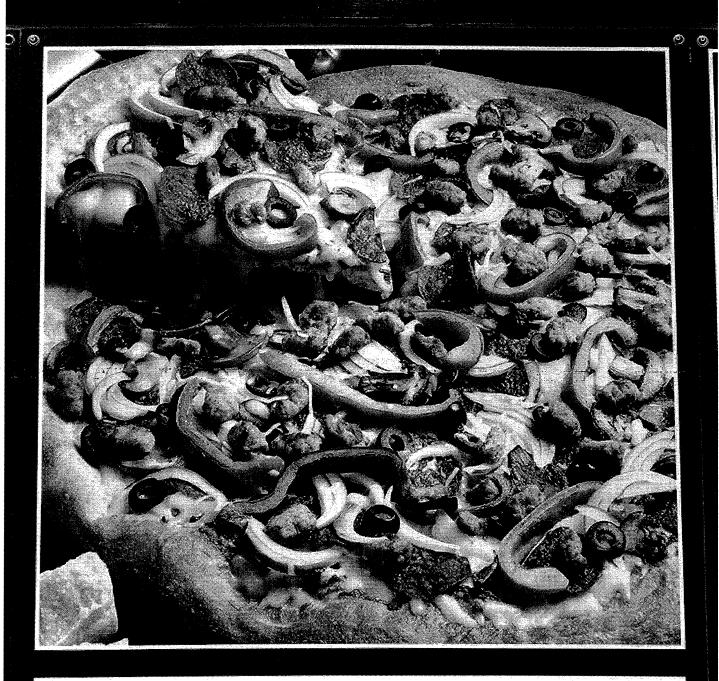
	per slice of pizza.					
PRESIDENT:			SIGNATI		anny	DATE: 10/15/18 DATE: 10/15/18
U-SU STUDENT ORGANIZATION ACCOUNT #						TUS; CSI VERIFICATION
	UIDELINES					
to comply wi	ith <mark>an</mark> y of the follow	vided for the benefit o ving guidelines may re acilities. More informat	sult in disciplinary	action taken against t	he organization inc	cluding suspension of
CONDUCT:		imes full responsibility for this isciplinary action by the Cel				may subject the participants and/or
ALCOHOL:	alcoholic beverages Beverages form in a Approved alcoholic	requires authorization for addition to this Event Regionsumption events and Sexual Violence Prevention	rom the University. Y gistration Form. Plea events held where a	our organization must c use allow at least 3 week Icohol is available (but w	omplete and submit s for this form to be vill not be consumed	volves the consumption of a Request to Serve Alcoholic reviewed by the University. ) require at least two TiPS certified the entire event. Additional
PUBLICITY:	marketing registered been registered. All	d events are required to	be stamped by CSI posted for up to a p	prior to their approved poeriod of fourteen (14) ca	osting. Stamps can	ed marketing to be used for be obtained after the event has dent organizations, the "POSTING
	RAL If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required					
GENERAL RELEASE:	The second secon	•	and the second s			- · · · · · · · · · · · · · · · · · · ·
RELEASE: MY SIGNATU FOLLOW AL	to comply with all in TRE BELOW INDICATE L GUIDELINES SET FO	structions provided by C	SI, including submit SPONSIBILITY TO EI TY, I ACKNOWLEDG	ting all completed forms NSURE THAT THE EVEN E THAT THIS EVENT AN	and requested doc	- · · · · · · · · · · · · · · · · · · ·
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#### CALIFORNIA STATE UNIVERSITY, LOS ANGELES TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 11/14/2018		Estimated Attendance: 60
Name of Event: Pizza Fundraiser		
Type of Event: Pizza Fundraiser	Location: Near	r CSULA bookstore
Sponsoring Organization: Financial Management Asso	ciation	
Authorized Representative	Phone	Fax:
Time:		
Access Time: 10:30 am a.m./p.m. to 2:30 pm	ı.m./p.m.	
40-00 0.20	ı.m./p.m.	
Type of Food Service:		
Bake Sale Snacks Food Sale  Barbecue Potluck Other (descri	Catering	(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.)
Limited Limited States of the	ne below)	
Describe Other:		
List <u>all</u> food and potentially hazardous food (see Temporary Footingredients), use back of page if necessary Pepperoni. Combination		
The state of the s		
Where will this food be prepared or purchased [Note no Home B	taked/Cooked Iter	ns are Allowed]? 2207 W. Commowealth Ave, Alhambra, CA 91803
List all beverages to be sold/served:		
Where will beverages be prepared or purchased?		
Method/s of maintaining proper holding temperatures for potent	ially hazardous fo	ood/s during transportation and service:
Agreement: For the privilege of selling foods and/or beverages handling orientation (offered at the beginning of Fall and Spring Temporary Food Facility Guidelines governing food sales or ser and/or beverage selling/serving privileges and possibly discipling	quarters), agrees vice. Failure to o	to read, understand, and comply with the CSLA
<u>Insurance</u> : (Student Organizations Only) As a prerequisite, the coverage from the Associated Students, Inc. (ASI) at least two v Student Organization's activity in its insurance policy. This Ten proof of ASI insurance.	vecks prior to the	event date and ASI agrees to include the Sponsoring
No liability will be assumed by California State University, I Services for any food or beverage the sponsoring organization submitted at least 10 days prior to the activity for proper review event date.	on provides to th	e campus community. This permit should be
All signatures shall be obtained in the following order. Student	ent organizations	need $\underline{all}$ signatures; other organizations 1, 3 and 4 only
B Z_		•
1. Signature of Sponsosing Organization Chairperson		Authorized Representative to be present at event
120		10(18/18
2. Center for Student Involvement (UU 204) (Student Organiza.	tions Only)	Date
anyperen		Date  /0/15/18  Date  /0/15/18  Date  /0/16/18
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	10-	Date /. /.c
4. Environmental Health & Safety (Corporate Yard Bldg. 244)	/8- 7 Permit N	0. Date



# **PIZZA**

COMBO, CHEESE OR PEPPERONI

SLICE 1.99

18" WHOLE **9.95**