Associated Students, Inc. Funding Request Form

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

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

Contact	Organization
Officer Name:	Club/Organization: GravitAS Anima
Officer Title:	Event Title: Animation Option Visitin
Address:	Date(s) of Event <u>:2/28/19</u>
City/State/Zip:	Location of Event: Los Angeles Ro
Phone & Email	Expected Total Attendance:

tion Society

g Artist: Welcoming Quique Rivera Semester Spring

om 308C

30

Expected Attendance of Cal State LAStudents:

30

Event Description and Total Cost Breakdown

Briefly describe the event:

Officer Signature:

We are inviting stop-motion animator and filmmaker, Quique Rivera, to lecture regarding his films and experiences as an artist; and hold a demo workshop.

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

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

This program is meant to educate students on art processes and give students a perspective in working in the art/animation industry as well as provide an opportunity for networking.

Hospitality

Description		Amount	
			

Honoraria/Contracts

Description		Amount
Quique Rivera	\$150.00	

Marketing

Amount

Description

Amount

Event Summary

Total Cost of Event:

\$150.00

Amount Requested from ASI:

\$150.00

Amount from other sources:

\$0.00

What other resources are you employing for this event?

Important:

Other

(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

staff initial:

SK

113 JAN 24 prd:d2:01

STUDENT ORGANIZATION EVENT DEGISTRATION FA

EVENT REGISTRATION FORM





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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: WOLLD A TWANTED TO COMPLETE THE PHONE: PHONE: DATE: TO COMPLETE THE PHONE:
EVENT CONTACT NAME:
NAME OF EVENT:
EVENT DATE: 2/28 BEGIN TIME: 2 2/42 END TIME: 2 2/4 ESTIMATED ATTENDANCE:
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: SPEAKER/PANEL
WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY) SPORTS ACTIVITY OR COMPETITION BEACH/FOREST/PARK CLEAN-UP INDOOR/OUTDOOR COOKING AMPLIFIED SOUND AMPLIFIED SOUND ANIMALS PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):
LECTURE & SOCIETING OF OFFISH WOLLD
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)
PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: INCLUDESTIE & HANDLE WHO WILL BE INVITED? (CHECK ALL THAT APPLY): 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 ORGAZNIZATION? (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
WILL FOOD BE SERVED AT THE EVENT? NO YES IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: 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.
(I his 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? VNO YES If so, please affirm organization members and guests will not consume alcohol. PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2
WILL OFF CAMPUS MEDIA DE MOTIFICA
DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INCURANCE TO THE TOTAL PROPERTY OF THE PURCHASE SPECIAL EVENT INCURANCE TO THE PURCHASE SPECIAL EVENT INCURANCE SPECIAL EVENT INCURANCE SPECIAL E
Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or purchase Special Event Insurance for a particular event, please contact CSI.

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 Cal State LA Student Organization Funds Administration Policy. Describe the admission charge, registration, participation fee, or any

Policy 3141.01 a	and the Cal State LA Student (Organization Funds Administrati ganization. Please include how	on Policy. Describe w much the organizat	the admission charge, it tion will be charging for	any of these proceeds.
voceeds that					
PRESIDENT:			SNATURE:		DATE: DATE:
TREASURER.	BAR 61 514 1825 No. 41 2 - 48 44 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	SIG	GNATURE:	TARRESTED EVENTS	T STATUS: CSI VERIFICATION
J-SU STUDENT	ORGANIZATION ACCOUNT	#:	or [APPROVED EXLIVIT	1-01/1/003. GCI / 2-11.
FVFNT GL	JIDELINES				Mayord completely Failure
The following	guidelines are provided fo th any of the following gui	or the benefit of the student delines may result in discipli More information can be fo	und online in the S	tudent Organization F	Handbook.
CONDUCT:	The organization assumes full	responsibility for the conduct of pa caction by the Center for Student	articipants at the event. Involvement or Studer	nt Conduct.	,
ALCOHOL:	In accordance with Administrational alcoholic beverages require Beverages form in addition Approved alcohol consumprembers and two Sexual Varied lines may be enforced.	trative Procedure 019 - Alcoho is authorization from the Univer to this Event Registration Form ation events and events held while iolence Prevention & Resource	lic Beverages, any e rsity. Your organizati n. Please allow at lea here alcohol is availa s Trained (SVPT) me	vent (on or off campus) to must complete and so st 3 weeks for this form the (but will not be consimbers to be in attendan	that involves the consumption of ubmit a Request to Serve Alcoholic to be reviewed by the University. Sumed) require at least two TiPS certified to of the entire event. Additional
PUBLICITY:	marketing registered event been registered. All printed	s are required to be stamped by I material may be posted for up with he clearly visible on the fac	to a period of fourt e of the posting.	een (14) calendar days. F	Il printed marketing to be used for os can be obtained after the event has for student organizations, the "POSTING rticipation, your organization is required documents.
GENERAL RELEASE:					
MY SIGNATU			A INCLINE TUAT	THE EVENT WHICH MY	ORGANIZATION IS SPONSORING WILL CIATED EVENT SPACE RESERVATIONS
FOLLOW AL	LL GUIDELINES SET FORTH I	ASED ON MY URGANIZATION	3 1/200011111		
	ORG. OFFICER'S NAME	SIGNAT	TURE (PLEASE USE B	LUE OR BLACK INK ONLY)	DATE: 1/9/19
ADVISOR'	S NAME		2		1/9/19
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***************************************	ACKN	OWLEDGMENT -	FOR OFFI	CE USE ONLY	/ иншишининининининининининининининининин
mmmmmm	FOR STUDENT INVOLV	EMENT (U-SU 204)	SIGNAT	URE:	1.9.19
		ZED BY THE UNIVERSITY		16//_	

		S: WELLNESS & ENGAGEN OR ALL PARTICIPANTS?		ATE REQUIRED:	
GENER/	AL RELEASE REQUIRED F	ORALL PARTICIPATION			
NOTIF	ICATIONS:	••,			DATE:
☐ PU	IBLIC AFFAIRS	DATE:	ATHLETICS		
DE	EPT. OF PUBLIC SAFETY	DATE:		S USE COORDINATOR	DATE:
$\bar{\Box}_{\alpha}$	THER:	DATE:	. L_B:	INESS OFFICE	DATE:
NOTES C	OR UPDATES: (TIPS-CERTIFIED/SVF	T TRAINED MEMBERS, SOCIAL MEDI	A SITES/HANDLES, INVI	TED MEDIA, ADDITIONAL IN	FORMATION/KEQUIKEMENIS



INVOICE

José E. Rivera 536 E Cypress Ave Apt 104 Burbank, CA 91501 qrivera@achostudio.com

BILL TO

CalState LA 5151 State University Dr, Los Angeles, CA 90032 Date: 01/22/2019

INVOICE #: QR_1-19

TERMS: Due 02/28/2019

Description	Amount	
Artist Lecture (stop motion) (Feb 28th 2019)	\$	150
BALA	NCE DUE \$	150

Thanks for your business,

Quique Rivera Rivera



TH, FEB 28TH 2 - 4F USU LA ROOM C STOP MOTION PULLETY ABRICATOR SKIMA FOR AND TREE TOP

TH, MAR 28TH 2 - 4PM
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GRAVITAS

