# Associated Students, Inc. Funding Request Form 2018-19

2018-19			Estimates / Food Permits
Contact		Organization	☐ Event Estimates / Invoices
Officer Name:		Club/Organization: Academic Ho	nors Association
Officer Title:		Event Title: AHA Spring Picnic	
Address:		Date(s) of Event 5/3/19	Semester Spring
City/State/Zip:		Location of Event: Ernest E. Debs	s Park
Phone & Email:		Expected Total Attendance:	30
Officer Signature: Juny fee Pead	omy	Expected Attendance of Cal State L	AStudents: 30
Event De	scription and	Total Cost Breakdown	
riefly describe the event:		Is the event open to all Cal State LA	A students?: Yes
AHA will host a spring picnic where there will	be food,	How will this program enhance the	
peverages, and physical entertainment in the obstacle course jumper where students can hunwind in the park amongst their peers. Allow ackle their final studies with rejuvenated min	nave fun and ving for students to	This event will allow students make new memories which whealth. Students will also get and make new connections of	vill promote mental to know each other more
Hospitality		Honoraria/Contracts	
Description Food (Pizza, Chicken Rolls, Chips,	Amount	Description	Amount
and Cookies)	\$122.36		
Beverages (Pepsi)	\$12.91		
Marketing		Other	
Description	Amount	Description	Amount
		Sport Equipment (Jumper)	\$328.50
Event Summary		For Office Use Only • D	o Not Write Below
Total Cost of Event:	\$463.77	Important:	
Amount Requested from ASI:	\$463.77	(1) All Funding Request Forms must Friday, the week before the Funding	ing Sub-Committee Meetings.
Amount from other sources:	\$0	(2) Additionally, funding request form than 10 business days (2 weeks) p.	
What other resources are you employing	for this event?	(3) Deadline for Request for Payment	
Page		15 days after the event.	
		All forms must have a Time Stamstaff initial:	
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Necessary Documents:

Event Flyer w/ ASI Logo

☐ CSI Event Reg. Form

# 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.

AME OF ORGANIZATION: Academic Honors Association PHONE: DATE: 1/36/19	
EVENT CONTACT NAME: EMAIL:	
NAME OF EVENT: Att A Spring Picnic 2019 LOCATION: Ernest E. Debs Pregional Po	ar l
EVENT DATE: 05/63/19 BEGIN TIME: 2:00 pm END TIME: 7:00 pm ESTIMATED ATTENDANCE: 30	
PROCEEDS TO BENEFIT EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION  OTHER: SPEAKER/PANEL	
SPORTS ACTIVITY OR COMPETITION BEACH/FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL  BONFIRE INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL  ANIMALS  PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):	
Students will gather together to eat food and talk comingst themselves. Students will also have the option of enjoying a jumper so that they can enjoy with fellow Students. Will be serving: chicken valls, costco pizza, cookies, with fellow Students. Will be serving: chicken valls, costco pizza, cookies, with fellow Students. Will be serving: chicken valls, costco pizza, cookies, with fellow Students. Will be serving: chicken valls, costco pizza, cookies, with fellow Students.	
PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: 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	I F
Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a biweekly 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 X YES  IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: COST CO WHORSON.  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? X NO YES Initials  PLEASE LIST 2 TIPS and SVPT	
If so, please affirm organization members and guests will not consume alcohol. TRAINED MEMBERS ON PAGE	<u>:</u> 2.
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, E1C.)? NO WILL BE INVITED ON PAGE 2.	
DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? X NO YES	nr 🎚
Please be aware that student organization events are not covered for liability of the University Print State University, Los Angeles of the University-Student Union. Student organization officers or the advisor may be a student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.	:0

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#### 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 bene	fit the organization. Pl	ease include how	nuch the organization	will be charging to	or any of these proc	eeas.
	Aconsored to w	8 1016 200		event			
PRESIDENT:				ATURE:			TE: 1/20//1/
TREASURER	J		SIGN		e feedyn 19		TE: 129/49
U-SU STUDENT	ORGANIZATION AC	COUNT #:		or^	APPROVED EXEM	PT STATUS: CSI VER	SHCATION
EVENT G	UIDELINES			•			
The following to comply wi	guidelines are provith any of the follow	vided for the benefit ing guidelines may re- cilities. More informa	esult in disciplina	ry action taken agair	nst the organizat	ion including susp	ely. Failure pension of
CONDUCT:		mes full responsibility for sciplinary action by the C				y policy may subject :	he participants and/or
ALCOHOL:	alcoholic beverages Beverages form in a	Administrative Procedu requires authorization ddition to this Event Re consumption events and	from the University egistration Form. P	v. Your organization mu lease allow at least 3 w	ust complete and : veeks for this form	submit a Request to to be reviewed by	o Serve Alcoholic the University.
		exual Violence Prevent					
PUBLICITY:	marketing registered been registered. All	I must comply with Univ I events are required to printed material may b tamp must be clearly vi	be stamped by C e posted for up to	SI prior to their approve a period of fourteen (1	ed posting. Stamp	os can be obtained	after the event has
GENERAL RELEASE:	- ,	uire the use of general structions provided by	•				ganization is required
MY SIGNATU	IRE BELOW INDICATE	S THAT I WILL TAKE R	ESPONSIBILITY TO	ENSURE THAT THE E	VENT WHICH MY	ORGANIZATION IS	SPONSORING WILL
		ORTH BY THE UNIVERS ION BASED ON MY OR			T AND ANY ASSO	CIATED EVENT SPA	CE RESERVATIONS
	ORG. OFFICER'S NA			E (PLEASE USE BLUE OR	R BLACK INK ONLY)	DATE:	
STODENT				a Hernas		1/3	119
ADVISOR'S	S NAME .			1/		1/	31/19
	in the control of the state of	. See St. Stilling Co. Healther you		Talah di Masilian dikebasan Mata			
	mmmmmm AC	KNOWLEDG	MENT - FO	OR OFFICE L	JSE ONLY		
CENTER	FOR STUDENT IN	/OLVEMENT (U-SU	204)	) SIGNATURE:			ATE:
CSI VERIF	IES THE ORG. IS REC	OGNIZED BY THE UNI	VERSITY	en E	<u> </u>	3/8	7)19
ASSISTA	NT DEAN OF STUD	ENTS: WELLNESS	B ENGAGEMENT				
GENERAI	RELEASE REQUIR	ED FOR ALL PARTIC	IPANTS? N	O YES DATE R	EQUIRED:	***************************************	
NOTIFIC	CATIONS:						
PUBI	LIC AFFAIRS	DATE:		ATHLETICS		DATE:	
DEM	OF PUBLIC SAFETY	DATE:	***************************************	FACILITIES USE CO	OORDINATOR	DATE:	
Отн	ER:	DATE:		U-SU BUSINESS OF	FFICE	DATE:	***************************************
NOTES OF	HPDATES /TIPS_CERTIFIED	YSVPT TPAINED MEMBERS	SOCIAL MEDIA SITE	HANDLES INVITED MEDI	A ADDITIONAL INFO	RMATION/REQUIREM	ENTS)





**Invoice #: 901** 

**Event Date:** 

5/3/19

# **Company Purchasing From:**

Costco Wholesale 2207 W Commonwealth Ave, Alhambra, CA 91803 (626) 289-7164

\*Invoice only an estimate

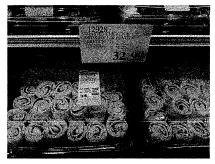
Description	Quantity	Price	Subtotal	Tax (\$)	Total
		(\$)	(\$)	(Rate	<b>Cost (\$)</b>
				9.5%)	
Pizza	4	9.95	39.80	3.78	43.58
Chicken Rolls	1	32.99	32.99	3.13	36.12
Chips	2	11.49	22.98	2.18	25.16
Cookies	2	7.99	15.98	1.52	17.50
Food					122.36
Pepsi	1	11.79	11.79	1.12	12.91
Beverage					12.91
Estimated					135.27
Amount					

Total Estimated Amount with Magic Jump Rental products (Invoice # 902): \$463.77

Pizza:



**Chicken Rolls:** 



Cookies:



Pepsi:



Chips:





**Invoice #: 902** 

**Event Date:** 

5/3/19

# **Company Purchasing From:**

Magic Jump Rentals 9165 Glenoaks Blvd. Sun Valley, CA 91352

\*Invoice only an estimate

Description	Quantity	Price (\$)	Subtotal (\$)	Tax (\$) (Rate 9.5%)	Total Cost (\$)
Obstacle Course Jumper Rental	1	300	300	28.50	328.50
Sport					328.50
Estimated Amount					328.50

**Total Estimated Amount with Costco Products (Invoice # 901):** \$463.77

Jumper:



The delivery fee a for this location is \$0.00 Note, some product delivery fees 😝 may still apply in addition to this fee.

#### **Product Info**

Siza: 11 W x 60% x 20 H Space Required: 15 W x 64% x 22 H

The 60 long Castle Obstacle Course is a 2 person race through obstacles with pash through, crawl through, pop ups, climber and a slide. This is great for all types of events and good for ages 10 to adults. Rent his giant obstacle course for your next event and having a racing good time, great for large crowds.

Pricing & Availability

\$300.00



### Magic Jump Rentals, Inc. 9130 Glenoaks Boulevard, Suite C

Order #245460

Prepared On: Mar 15, 2019



**Customer Information** 

Customer ID: 58535

Phone: (800) 873-8989 Fax: (818) 848-0353

Sun Valley, CA 91352

Email: info@magicjumprentals.com

#### **Event Location**

**Rental Date & Time** 

Ernest Debs Park / Academic Honors Association Picnic 4235 Monterey Rd Roof 2 Los Angeles, CA 90032 Friday May 3, 2019 2:00pm to Friday May 3, 2019 6:30pm

#### **Order Items**

Description	Quantity	Unit Price	Total
60' Castle Obstacle Course	1	300.00	300.00
Order Transactions		Sub-Total:	\$300.00
N/A		Delivery Charge:	\$0.00
		Additional Fees:	\$0.00
Promotional Codes SCH0910 - School Discounts		1) Coupon Discount:	(-\$30.00)
		Tax (9.5%):	\$0.00
		Order Total:	\$270.00
Special Instructions	•	Payments Received:	\$0.00
QUOTE		Balance Due:	\$270.00