



A.S.I. Request for Payment Form Stipulations & Procedures

Important:

- (1) All A.S.I. Request for Payment Forms *must be typed*.
- (2) Deadline for Request for Payment or Purchase Order (RPP) is within 15-business days after the event. *Request for payments will not be processed after the 15th day.*

Required Items:

- 1) All Marketing/Promotional items must have the A.S.I. Logo
- 2) All approved expenses must be listed on the request for payment and original receipts taped on a piece of paper. Do not tape over the ink on the receipts; only tape down the edges of the receipts.
- 3) All speakers/performers must have a valid contract and invoice on file prior to the performance. Payment cannot be made unless these items are completed and provided.
- 4) All approved equipment shall remain property of A.S.I.
- 5) All approved Audio/Video purchases will remain the property of A.S.I.
- 6) Check processing takes approximately two weeks. The RPP must be accompanied by all appropriate receipts, paperwork, and documentation dated after the Finance Committee approval date and prior or the day of the event.
- 7) You must submit a completed A.S.I. Event Evaluation Form at the conclusion of the program (see attached). You will not be able to pick-up your check until this report is completed. An A.S.I. Event Evaluation Form at the conclusion of the program and with your request for payment (see attached). The payment process will not begin unless provided with the request.
- 8) You must submit your RPP(s) within 15 business days after your event; A.S.I. will not be able to process late requests.
- 9) This is an abridged version of A.S.I Policy 204, highlighting the most frequently used procedures and stipulations. For a comprehensive list in Policy 204 Funding Guidelines, listed on the [A.S.I. Finance Policies and Procedures web page](#).
- 10) By requesting payment (RPP), you acknowledge that your organization has read, understood and agreed to all the stipulations, including those not listed in this sheet.

For more information regarding funding e-mail Aaron Castaneda, Vice President for Finance at asivpf@calstatela.edu, go to our website: [Clubs and Organizations](#) or call us at 323-343-4778.

Tel: (323) 343-4790

Fax: (323) 343-6415

www.calstatela.edu/asi

5154 State University Drive, Room 105
Los Angeles, California 90032



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

Associated Students, Inc.

Request for Payment

California State University, Los Angeles

5154 State University Drive • U-SU Rm 203 • Los Angeles, CA 90032

323.343.4778 Voice • 323.343.6420 Fax

2017-18

Clubs &

Organizations

Check Payable To:

Club/Organization: _____

Event Title: _____

Date(s) of Event: _____

Contact Phone: _____

Contact E-mail: _____

Signature: _____

Requestor/Contact:

Name: _____

CIN: _____

Address: _____

City/State/Zip: _____

Phone: _____

Give Description of Item, Event, Location, - Include an Original Invoice or receipt. Also include how it furthers the educational mission of Cal State LA.

Description	Quantity	Unit Cost	Extended Cost

Event Payment Method: _____ Cash _____ Check _____ Credit/Debit Card

(Please Check One of the Above Payment Methods)

Pick Up Checks at A.S.I. Administrative Offices, U-SU Rm. 203

EVENT TOTAL:

AMT. REQUESTED:

APPROVED AMT. :

Accounting (Office Use Only)

Account: _____ 660967-00001-784000-2017

Dr. Jennifer Miller Date
Dean of Students

Commitments (Office Use Only)

A.S.I. VPF Approval Date

A.S.I. Executive Officer Date

Intef W. Weser, Executive Director Date

Additional Necessary Documents

DID YOU TURN IN:

- Event flyer w/ A.S.I. logo
- Credit/Debit Card Receipt or Statement (If original receipts lost)
- Copy of Cancelled Check (front & back or Bank Statement)
- Original Receipts Attached and Taped to a Blank Sheet
- Original Award Letter & Event Evaluation Form

All forms must have a Time Stamp and staff initial:

DATE STAMP GOES HERE

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Important: Deadline for Request for Payment is 15 business days after the event.



EVENT EVALUATION FORM

Club/Organization: _____ Event Title: _____

Contact Name: _____ Day/Date/Time of Event: _____

Contact Phone: _____ Location: _____

Actual Budget:

Advertisements _____
 Supplies _____
 Facility rentals _____
 Decorations _____
 Performance/Speakers _____
 Food/Refreshments _____
 Miscellaneous (Specify) _____

Projected Attendance:

Students _____
 Faculty/Staff _____
non-Cal State LA _____
 Total _____

Actual Attendance:

Students _____
 Faculty/Staff _____
non-Cal State LA _____
 Total _____

Co-sponsorship contributions (if applicable):

Co-sponsorship contributions: _____
 Income: _____

Total Cost _____

Type of publicity used: _____

What was your actual marketing for this event?

Overall effectiveness	great	good	fair	below average	poor
Quality of Presenters	great	good	fair	below average	poor
Audience Reaction	great	good	fair	below average	poor
Logistical Functionality (set up, technical, facilities etc.)	great	good	fair	below average	poor

List any specific problems, comments or concerns you had during the planning or implementation stages of the program.

Would you repeat this program? Yes No Please explain why below?

List suggestions for Improvement (Please be specific with your recommendations as to how would you make this even better)

On a scale of 1 to 10, with 10 being the best/highest, how was your experience with applying for A.S.I. funding? _____

What would make your experience more positive?

