ASI Request for Payment Form
Stipulations & Procedures

Important:

(1) All ASI 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 ASI 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 ASI.
5) All approved Audio/Video purchases will remain the property of ASI.
6) Check processing takes approximately two weeks. The RPP must be accompanied by all appropriate receipts, paperwork, and documentation *dated after the Funding Committee approval date and prior the day of the event*.
7) You must submit a completed *ASI 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 *ASI 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; ASI will not be able to process late requests.
9) This is an abridged version of ASI Policy 204, highlighting the most frequently used procedures and stipulations. For a comprehensive list in Policy 204 Funding Guidelines, listed on the ASI 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 the Funding or Reimbursement procedure, please contact the ASI Vice Chair for Finance at asivcf@calstatela.edu or visit asicalstatela.edu/funding

ASI

ASSOCIATED STUDENTS, INC.
REQUEST FOR PAYMENT
CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5154 State University Drive • U-SU Rm 203 • Los Angeles, CA 90032
Voice: 323.343.4778 • Fax: 323.343.6420

2020-21
Clubs &
Organizations

Check Payable To:

Cal State LA -

Club/Organization: _____

Event Title: _____

Date(s) of Event: _____

Contact Phone: _____

E-mail: _____

Signature: _____

Requestor/Contact:

Name: _____

CIN: _____

Address: _____

_____

City/State/Zip: _____

Phone: _____

Give Description of Item, Event, Location, - Include an Original Invoice or receipt.

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 ASI Administrative Offices, U-SU Rm. 203

EVENT TOTAL:	
(Office Use Only)	
AMT. REQUESTED:	
APPROVED AMT. :	

Accounting (Office Use Only)

Account: 660967-00001-784000

_____
Dr. Jennifer Miller   Date
Dean of Students

Commitments (Office Use Only)

_____
ASI VPF Approval   Date

_____
ASI Executive Officer   Date

_____
Intef W. Weser, Executive Director   Date

Additional Necessary Documents

DID YOU TURN IN:

❑ RPP Form
❑ Event Evaluation Form
❑ Original Award Letter
❑ Clear, legible, original receipts attached and taped to a blank sheet of paper
❑ Credit/Debit card receipt statement (if original receipt lost)
❑ Copy of canceled check (if original receipt lost)

All forms must have a Time Stamp and staff initial: ☐

DATE STAMP GOES HERE

Rev'd. 08/20

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

EVENT EVALUATION FORM 2020-21

Rev'd. 08/20

Club/Organization: _____ **Event Title:** _____

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

Contact Phone: _____ **Location:** _____

Actual cost to host event:

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

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:	_____

Marketing and advertising methods:

_____

What was your actual marketing efforts such as posters, postings, sociale media etc.

_____

_

_____

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 ASI funding? _____

What would make your experience more positive? Any suggestions on making the process overall better.

_____

_____

_____