



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

# 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 15<sup>th</sup> 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.

the ASI Vice Chair for Finance at [asivcf@calstatela.edu](mailto:asivcf@calstatela.edu).

You can also call us at 323.343.4778 or visit [asicalstatela.edu/funding](http://asicalstatela.edu/funding)



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# 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

## 2019-20 Clubs & Organizations

### Check Payable To:

Cal State LA -

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 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:

- Event flyer w/ ASI logo
- Credit/Debit Card Receipt or Statement (If original receipts lost)
- Copy of Canceled 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

Rev'd. 8/20/19

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



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# 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?

\_\_\_\_\_  
\_\_\_\_\_

<b>Overall effectiveness</b>	great	good	fair	below average	poor
<b>Quality of Presenters</b>	great	good	fair	below average	poor
<b>Audience Reaction</b>	great	good	fair	below average	poor
<b>Logistical Functionality</b> (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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_