



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



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

2022-23
**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 |
|-------------|----------|-----------|---------------|
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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 _____
Dean of Students Date

Commitments (Office Use Only)

ASI VPF Approval _____ Date

ASI Executive Officer _____ Date

Barnaby Peake, 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 2022-23

Rev'd. 08/21

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) _____

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 _____

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.

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—
—

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)

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—

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.

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