



## 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.

For more information regarding the Funding or Reimbursement procedure, please contact the ASI Vice Chair for Finance at [asivcf@calstatela.edu](mailto:asivcf@calstatela.edu) or visit [asicalstatela.edu/funding](http://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

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

EVENT TOTAL:

(Office Use Only)

AMT. REQUESTED:

APPROVED AMT. :

(Please Check One of the Above Payment Methods)

Pick Up Checks at ASI Administrative Offices, U-SU Rm. 203

## 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

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.

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

|   |       |      |      |               |      |
|---|-------|------|------|---------------|------|
| <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><br>(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.

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