

# ASI Associated Students, Inc.

## Funding Request Form

### 2016-17

..For the Students, by the Students!

- Necessary Documents:**
- Event Flyer w/ A.S.I. Logo
  - CSI Event Reg. Form
  - Estimates / Food Permits
  - Event Estimates / Invoices

#### Contact

Officer Name: Jose Maria Fuentes  
 Officer Title: Treasurer  
 Address: 21315 Norwalk Bl. #73  
 City/State/Zip: Hawaiian Gardens, CA 90716  
 Phone & Email: (562) 781-5804/jose12calles2hotmail.com  
 Officer Signature: *Jose Maria Fuentes*

#### Organization

Club/Organization: SHESS  
 Event Title: SHESS' Professional Speaker Series  
 Date(s) of Event: 2/2/17 . . . Quarter: Spring  
 Location of Event: E&T A126  
 Expected Total Attendance: 25+  
 Expected Attendance of Cal State LA Students: 25+

#### Event Description and Total Cost Breakdown

Briefly describe the event:

The SHESS' Professional Speaker Series provides the attendees with the professional skills that company recruiters are looking for in a candidate for an internship or entry-level position, and the means for the attendees to succeed as active student leaders, and future outstanding professionals.

Is the event open to all Cal State LA students? Yes  
 No

How will this program enhance the Cal State LA experience?:

SHESS' Professional Speaker Series allows Cal State LA Students to be engage on campus, and increase their knowledge in both their academic and professional careers.

#### Hospitality

Description	Amount
Food and beverages(\$70/event)	\$490.00

#### Honoraria/Contracts

Description	Amount

#### Marketing

Description	Amount

#### Other

Description	Amount

#### Event Summary

Total Cost of Event: \$490.00  
 Amount Requested from A.S.I.: \$490.00  
 Amount from other sources: \$0.00

What other resources are you employing for this event?

N/A

#### For Office Use Only • Do Not Write Below

##### Important:

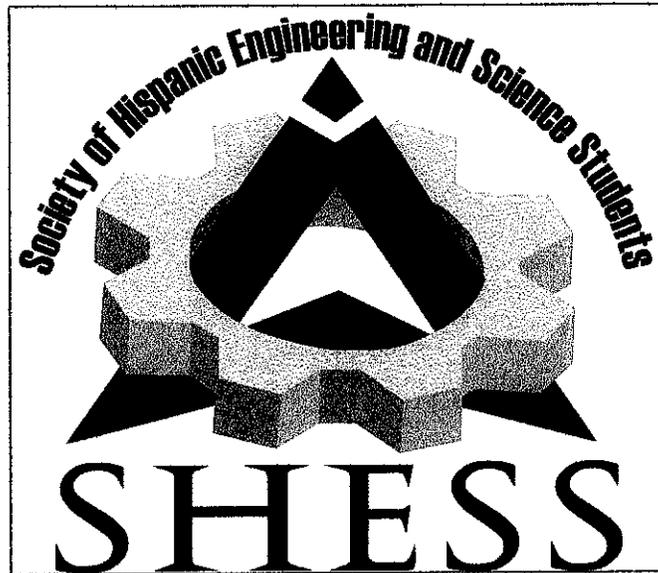
- (1) All Funding Request Forms must be turned in by 12 PM Monday, the week of the Finance Committee Meetings.
- (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
- (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

All forms must have a Time Stamp and

staff initial: *BM*

'17 JUN 17 4:28:24

**The Society of Hispanic Engineers and Science Students invites  
you our Professional Speaker Series**



SHESS invites you to the Professional Speaker Series of Spring 2017, theme "Key to Success." Learn more about our organization, meet 2016-2017 Executive Board, explore exciting opportunities, and get involved.

Learn about:

- Internship information
- Improving your resume to gain interview opportunities
- What employers are looking for in applicants

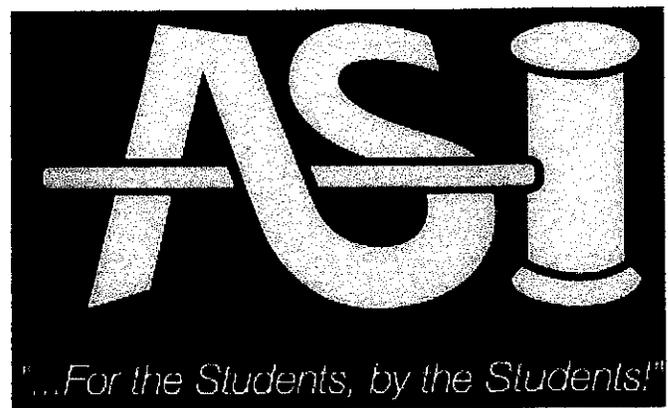
Dates:

- Thursday, February 2<sup>nd</sup>, 2017
- Thursday, February 16<sup>th</sup>, 2017
- Thursday, March 2<sup>nd</sup>, 2017
- Thursday, March 16<sup>th</sup>, 2017
- Thursday, March 30<sup>th</sup>, 2017
- Thursday, May 20<sup>th</sup>, 2017
- Thursday, May 4<sup>th</sup>, 2017

Time: 3:00 PM to 4:30 PM

Location: E&T A126

Contact us at: [shesscalstatela@gmail.com](mailto:shesscalstatela@gmail.com)



**Food and Beverages Will be provided!!!**

# STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



This form must be completed 10 working days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted on websites until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION: Society of Hispanic Engineering and Science Students      PHONE: (562) 781-5804      DATE: 01/01/16  
 EVENT CONTACT NAME: Jose Maria Fuentes      EMAIL: jose12calles@hotmail.com  
 NAME OF EVENT: Professional Speaker Series I      LOCATION: E&T A126  
 EVENT DATE: 02/02/17      BEGIN TIME: 3:00 P.M.      END TIME: 4:30 P.M.      ESTIMATED ATTENDANCE: 25+

**TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS)**

- FUNDRAISER       EDUCATIONAL PROGRAM       SPIRITUAL PROGRAM       RECREATIONAL PROGRAM  
 DANCE/PARTY       SOCIAL PROGRAM       COMMUNITY SERVICE       CONFERENCE/CONVENTION  
 OTHER:

**WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)**

- SPORTS ACTIVITY OR TOURNAMENT       FOREST CLEAN-UP       INTERNATIONAL TRAVEL  
 BEACH CLEAN-UP       INDOOR/OUTDOOR COOKING       DOMESTIC TRAVEL  
 BEACH BONFIRE

**PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):**

The SHESS' Professional Speaker Series provides the attendees with the professional skills that company recruiters are looking for in a candidate for an internship or entry-level position, and the means for the attendees to succeed as active student leaders, and outstanding professionals in the near future though the knowledge provided by our professional guest speakers. Furthermore, SHESS' Professional Speaker Series allows Cal State LA Students to engage on campus, and increase their knowledge in both their academic and professional careers in order for the attendees to become the best professionals they can be.

**WHO IS INVITED (CHECK ALL THAT APPLY):**

- STUDENT ORG. MEMBERS       CAL STATE L.A. COMMUNITY       OTHER COLLEGES & UNIV.       GENERAL PUBLIC       GUEST LIST

Events intended for the general Cal State L.A. campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement.       NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

**WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR DONATION?**

(If yes, please complete statement regarding cash transactions on the back of this form)  NO       YES, HOW MUCH?

WILL A MOVIE BE SHOWN?  NO       YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?  NO       YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?  NO       YES

IF YES, WHO WILL PROVIDE THE FOOD?  UNIVERSITY CATERING       OTHER: Sbarro's

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT?  NO       YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE?  NO       YES initials  
 If so, please affirm organization members and guests will not consume alcohol.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?  NO       YES

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?  NO       YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

**STATEMENT REGARDING CASH TRANSACTIONS**

As an officer of \_\_\_\_\_, a recognized student organization at California State University, Los Angeles, I affirm that all funds raised by this organization or assets assigned to this organization will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no funds or assets of this organization will accrue to the benefit of any officer or member, or any private person.

Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

PRESIDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TREASURER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EVENT GUIDELINES**

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities.

- CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Judicial Affairs.
- ALCOHOL:** Any event that involves consumption of alcoholic beverages requires authorization from the University. Your organization must complete a Request to Serve Alcoholic Beverages form available in the Center for Student Involvement. Please allow at least 3 weeks for this form to be reviewed by the University.
- PUBLICITY:** All publicity material including banners, brochures, announcements, etc. must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State L.A."

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY.

STUDENT ORG. OFFICER'S NAME: Jose Maria Fuentes  
 ADVISOR'S NAME: Sonya Lopez, Ph. D.  
 SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): *[Handwritten Signature]*  
 DATE: 01/05/17  
 DATE: 1/3/17 <sup>sk</sup>

**ACKNOWLEDGMENT - FOR OFFICE USE ONLY**

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Handwritten Signature]* DATE: 1/05/17  
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY  
 CENTER FOR STUDENT INVOLVEMENT DIRECTOR: \_\_\_\_\_

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS?  NO  YES DATE REQUIRED: \_\_\_\_\_

**NOTIFICATIONS:**

PUBLIC AFFAIRS DATE: \_\_\_\_\_  ATHLETICS DATE: \_\_\_\_\_  
 DEPT. OF PUBLIC SAFETY DATE: \_\_\_\_\_  FACILITIES USE COORDINATOR DATE: \_\_\_\_\_

**NOTES OR UPDATES:**

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

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NAME OF ORGANIZATION: Society of Hispanic Engineering and Science Students      PHONE: (562) 781-5804      DATE: 01/01/17  
 EVENT CONTACT NAME: Jose Maria Fuentes      EMAIL: jose12calles@hotmail.com  
 NAME OF EVENT: Professional Speaker Series 2      LOCATION: E&T A126  
 EVENT DATE: 02/16/17      BEGIN TIME: 3:00P.M.      END TIME: 4:30P.M.      ESTIMATED ATTENDANCE: 25+

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

- FUNDRAISER       EDUCATIONAL PROGRAM       SPIRITUAL PROGRAM       RECREATIONAL PROGRAM  
 DANCE/PARTY       SOCIAL PROGRAM       COMMUNITY SERVICE       CONFERENCE/CONVENTION  
 OTHER:

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- SPORTS ACTIVITY OR TOURNAMENT       FOREST CLEAN-UP       INTERNATIONAL TRAVEL  
 BEACH CLEAN-UP       INDOOR/OUTDOOR COOKING       DOMESTIC TRAVEL  
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

The SHESS' Professional Speaker Series provides the attendees with the professional skills that company recruiters are looking for in a candidate for an internship or entry-level position, and the means for the attendees to succeed as active student leaders, and outstanding professionals in the near future through the knowledge provided by our professional guest speakers. Furthermore, SHESS' Professional Speaker Series allows Cal State LA Students to be engage on campus, and increase their knowledge in both their academic and professional careers in order for the attendees to become the best professionals they can be.

WHO IS INVITED (CHECK ALL THAT APPLY):

- STUDENT ORG. MEMBERS       CAL STATE L.A. COMMUNITY       OTHER COLLEGES & UNIV.       GENERAL PUBLIC       GUEST LIST

Events intended for the general Cal State L.A. campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement.       NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR DONATION?  NO  YES, HOW MUCH?  
 (If yes, please complete statement regarding cash transactions on the back of this form)

WILL A MOVIE BE SHOWN?  NO  YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?  NO  YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?  NO  YES

IF YES, WHO WILL PROVIDE THE FOOD?  UNIVERSITY CATERING       OTHER: Sbarro's

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT?  NO  YES. Please attach a completed request to serve alcoholic beverages.  
 (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE?  NO  YES Initials  
 If so, please affirm organization members and guests will not consume alcohol.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?  NO  YES

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?  NO  YES

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## STATEMENT REGARDING CASH TRANSACTIONS

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Describe the fundraiser (Including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

PRESIDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TREASURER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## EVENT GUIDELINES

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STUDENT ORG. OFFICER'S NAME: Jose Maria Fuentes  
 ADVISOR'S NAME: Sonya Lopez, Ph. D.  
 SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): *[Handwritten Signature]*  
 DATE: 01/05/17  
 DATE: 1/3/17\*

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY *[Handwritten Signature]* 1/05/17

CENTER FOR STUDENT INVOLVEMENT DIRECTOR: \_\_\_\_\_

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS?  NO  YES DATE REQUIRED: \_\_\_\_\_

### NOTIFICATIONS:

- PUBLIC AFFAIRS DATE: \_\_\_\_\_
- ATHLETICS DATE: \_\_\_\_\_
- DEPT. OF PUBLIC SAFETY DATE: \_\_\_\_\_
- FACILITIES USE COORDINATOR DATE: \_\_\_\_\_

NOTES OR UPDATES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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NAME OF ORGANIZATION: Society of Hispanic Engineering and Science Students      PHONE: (562) 781-5804      DATE: 01/01/17  
 EVENT CONTACT NAME: Jose Maria Fuentes      EMAIL: jose12calles@hotmail.com  
 NAME OF EVENT: Professional Speaker Series 3      LOCATION: E&T A126  
 EVENT DATE: 03/02/17      BEGIN TIME: 3:00P.M.      END TIME: 4:00P.M.      ESTIMATED ATTENDANCE: 25+

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

- FUNDRAISER       EDUCATIONAL PROGRAM       SPIRITUAL PROGRAM       RECREATIONAL PROGRAM  
 DANCE/PARTY       SOCIAL PROGRAM       COMMUNITY SERVICE       CONFERENCE/CONVENTION  
 OTHER:

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- SPORTS ACTIVITY OR TOURNAMENT       FOREST CLEAN-UP       INTERNATIONAL TRAVEL  
 BEACH CLEAN-UP       INDOOR/OUTDOOR COOKING       DOMESTIC TRAVEL  
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WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR DONATION?

(If yes, please complete statement regarding cash transactions on the back of this form)  NO       YES, HOW MUCH?

WILL A MOVIE BE SHOWN?  NO       YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?  NO       YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?  NO       YES

IF YES, WHO WILL PROVIDE THE FOOD?  UNIVERSITY CATERING       OTHER: Sbarro's

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT?  NO       YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE?  NO       YES Initials  
 If so, please affirm organization members and guests will not consume alcohol.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?  NO       YES

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?  NO       YES

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PRESIDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TREASURER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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STUDENT ORG. OFFICER'S NAME: Jose Maria Fuentes SIGNATURE: [Signature] DATE: 01/05/17  
ADVISOR'S NAME: Sonya Lopez, Ph. D. SIGNATURE: [Signature] DATE: 11/2/17

**ACKNOWLEDGMENT - FOR OFFICE USE ONLY**

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: [Signature] DATE: 1/05/17  
CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

CENTER FOR STUDENT INVOLVEMENT DIRECTOR: \_\_\_\_\_

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS?  NO  YES DATE REQUIRED: \_\_\_\_\_

**NOTIFICATIONS:**

PUBLIC AFFAIRS DATE: \_\_\_\_\_  ATHLETICS DATE: \_\_\_\_\_  
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**NOTES OR UPDATES:**

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NAME OF ORGANIZATION: Society of Hispanic Engineering and Science Students      PHONE: (562) 781-5804      DATE: 01/01/17  
 EVENT CONTACT NAME: Jose Maria Fuentes      EMAIL: jose12calles@hotmail.com  
 NAME OF EVENT: Professional Speaker Series 4      LOCATION: E&T A126  
 EVENT DATE: 03/16/17      BEGIN TIME: 3:00 P.M.      END TIME: 4:00 P.M.      ESTIMATED ATTENDANCE: 25+

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

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WILL A MOVIE BE SHOWN?  NO       YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?  NO       YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?  NO       YES

IF YES, WHO WILL PROVIDE THE FOOD?  UNIVERSITY CATERING       OTHER: Sbarro's

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WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.?)  NO       YES

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?  NO       YES

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 NAME OF EVENT: Professional Speaker Series 5      LOCATION: E&T A126  
 EVENT DATE: 03/30/17      BEGIN TIME: 3:00P.M.      END TIME: 4:30P.M.      ESTIMATED ATTENDANCE: 25+

**TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)**

- FUNDRAISER       EDUCATIONAL PROGRAM       SPIRITUAL PROGRAM       RECREATIONAL PROGRAM  
 DANCE/PARTY       SOCIAL PROGRAM       COMMUNITY SERVICE       CONFERENCE/CONVENTION  
 OTHER:

**WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)**

- SPORTS ACTIVITY OR TOURNAMENT       FOREST CLEAN-UP       INTERNATIONAL TRAVEL  
 BEACH CLEAN-UP       INDOOR/OUTDOOR COOKING       DOMESTIC TRAVEL  
 BEACH BONFIRE

**PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):**

The SHESS' Professional Speaker Series provides the attendees with the professional skills that company recruiters are looking for in a candidate for an internship or entry-level position, and the means for the attendees to succeed as active student leaders, and outstanding professionals in the near future through the knowledge provided by our professional guest speakers. Furthermore, SHESS' Professional Speaker Series allows Cal State LA Students to be engage on campus, and increase their knowledge in both their academic and professional careers in order for the attendees to become the best professionals they can be.

**WHO IS INVITED (CHECK ALL THAT APPLY):**

- STUDENT ORG. MEMBERS       CAL STATE L.A. COMMUNITY       OTHER COLLEGES & UNIV.       GENERAL PUBLIC       GUEST LIST

Events intended for the general Cal State L.A. campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement.       NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

**WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR DONATION?**

(If yes, please complete statement regarding cash transactions on the back of this form)       NO       YES, HOW MUCH?

WILL A MOVIE BE SHOWN?       NO       YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY?       NO       YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT?       NO       YES

IF YES, WHO WILL PROVIDE THE FOOD?       UNIVERSITY CATERING       OTHER: Sbarro's

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT?       NO       YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE?       NO       YES Initials  
 If so, please affirm organization members and guests will not consume alcohol.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?       NO       YES

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?       NO       YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

**STATEMENT REGARDING CASH TRANSACTIONS**

As an officer of: \_\_\_\_\_, a recognized student organization at California State University, Los Angeles, I affirm that all funds raised by this organization or assets assigned to this organization will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no funds or assets of this organization will accrue to the benefit of any officer or member, or any private person.

Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

PRESIDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TREASURER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EVENT GUIDELINES**

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities.

- CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Judicial Affairs.
- ALCOHOL:** Any event that involves consumption of alcoholic beverages requires authorization from the University. Your organization must complete a Request to Serve Alcoholic Beverages form available in the Center for Student Involvement. Please allow at least 3 weeks for this form to be reviewed by the University.
- PUBLICITY:** All publicity material including banners, brochures, announcements, etc. must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State L.A."

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY.

STUDENT ORG. OFFICER'S NAME	SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)	DATE:
Jose Maria Fuentes	<i>Jose Maria Fuentes</i>	01/05/17
ADVISOR'S NAME		
Sonya Lopez, Ph. D.	<i>Sonya Lopez</i>	1/2/17 DC

**ACKNOWLEDGMENT - FOR OFFICE USE ONLY**

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY *vm madyman* 1/5/17  
 CENTER FOR STUDENT INVOLVEMENT DIRECTOR: \_\_\_\_\_

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS?  NO  YES DATE REQUIRED: \_\_\_\_\_

- NOTIFICATIONS:**
- |   |             |   |             |
|---|-------------|---|-------------|
| <input type="checkbox"/> PUBLIC AFFAIRS         | DATE: _____ | <input type="checkbox"/> ATHLETICS                  | DATE: _____ |
| <input type="checkbox"/> DEPT. OF PUBLIC SAFETY | DATE: _____ | <input type="checkbox"/> FACILITIES USE COORDINATOR | DATE: _____ |

NOTES OR UPDATES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPLETED



# STUDENT ORGANIZATION EVENT REGISTRATION FORM

This form must be completed 10 working days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted on websites until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

**NAME OF ORGANIZATION:** Society of Hispanic Engineering and Science Students      **PHONE:** (562) 781-5804      **DATE:** 01/01/17  
**EVENT CONTACT NAME:** Jose Maria Fuentes      **EMAIL:** jose12calles@hotmail.com  
**NAME OF EVENT:** Professional Speaker Series 6      **LOCATION:** E&T A126  
**EVENT DATE:** 04/20/17      **BEGIN TIME:** 3:00P.M.      **END TIME:** 4:30P.M      **ESTIMATED ATTENDANCE:** 25+

**TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)**

- FUNDRAISER       EDUCATIONAL PROGRAM       SPIRITUAL PROGRAM       RECREATIONAL PROGRAM
- DANCE/PARTY       SOCIAL PROGRAM       COMMUNITY SERVICE       CONFERENCE/CONVENTION
- OTHER:

**WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)**

- SPORTS ACTIVITY OR TOURNAMENT       FOREST CLEAN-UP       INTERNATIONAL TRAVEL
- BEACH CLEAN-UP       INDOOR/OUTDOOR COOKING       DOMESTIC TRAVEL
- BEACH BONFIRE

**PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):**

The SHESS' Professional Speaker Series provides the attendees with the professional skills that company recruiters are looking for in a candidate for an internship or entry-level position, and the means for the attendees to succeed as active student leaders, and outstanding professionals in the near future though the knowledge provided by our professional guest speakers. Furthermore, SHESS' Professional Speaker Series allows Cal State LA Students to be engage on campus, and increase their knowledge in both their academic and professional careers in order for the attendees to become the best professionals they can be.

**WHO IS INVITED (CHECK ALL THAT APPLY):**

- STUDENT ORG. MEMBERS       CAL STATE L.A. COMMUNITY       OTHER COLLEGES & UNIV.       GENERAL PUBLIC       GUEST LIST

Events intended for the general Cal State L.A. campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement.       NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

**WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR DONATION?**

(If yes, please complete statement regarding cash transactions on the back of this form)       NO       YES, HOW MUCH?

**WILL A MOVIE BE SHOWN?**       NO       YES (if yes, please attach written proof of viewing rights.)

**WILL THE EVENT HAVE SECURITY?**       NO       YES If yes, please explain

**WILL FOOD BE SERVED AT THE EVENT?**       NO       YES

**IF YES, WHO WILL PROVIDE THE FOOD?**       UNIVERSITY CATERING       OTHER: Sbarro's

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

**WILL ALCOHOL BE PRESENT AT THE EVENT?**       NO       YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

**WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE?**       NO       YES      Initials  
If so, please affirm organization members and guests will not consume alcohol.

**WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?**       NO       YES

**DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?**       NO       YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

**STATEMENT REGARDING CASH TRANSACTIONS**

As an officer of: \_\_\_\_\_, a recognized student organization at California State University, Los Angeles, I affirm that all funds raised by this organization or assets assigned to this organization will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no funds or assets of this organization will accrue to the benefit of any officer or member, or any private person.

Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

PRESIDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TREASURER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EVENT GUIDELINES**

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities.

**CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Judicial Affairs.

**ALCOHOL:** Any event that involves consumption of alcoholic beverages requires authorization from the University. Your organization must complete a Request to Serve Alcoholic Beverages form available in the Center for Student Involvement. Please allow at least 3 weeks for this form to be reviewed by the University.

**PUBLICITY:** All publicity material including banners, brochures, announcements, etc. must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State L.A."

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY.

STUDENT ORG. OFFICER'S NAME: Jose Maria Fuentes  
 ADVISOR'S NAME: Sonya Lopez, Ph. D.  
 SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): *[Signature]*  
 DATE: 01/05/17  
 11/3/17 *se*

**ACKNOWLEDGMENT - FOR OFFICE USE ONLY**

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY *[Signature]* 11/5/17  
 CENTER FOR STUDENT INVOLVEMENT DIRECTOR: \_\_\_\_\_

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS?  NO  YES DATE REQUIRED: \_\_\_\_\_

**NOTIFICATIONS:**

PUBLIC AFFAIRS DATE: \_\_\_\_\_  ATHLETICS DATE: \_\_\_\_\_  
 DEPT. OF PUBLIC SAFETY DATE: \_\_\_\_\_  FACILITIES USE COORDINATOR DATE: \_\_\_\_\_

**NOTES OR UPDATES:**

# STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



This form must be completed 10 working days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted on websites until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

**NAME OF ORGANIZATION:** Society of Hispanic Engineering and Science Students      **PHONE:** (562) 781-5804      **DATE:** 01/01/17  
**EVENT CONTACT NAME:** Jose Maria Fuentes      **EMAIL:** jose12calles@hotmail.com  
**NAME OF EVENT:** Professional Speaker Series 7      **LOCATION:** E&T A126  
**EVENT DATE:** 05/04/17      **BEGIN TIME:** 3:00P.M.      **END TIME:** 4:30P.M.      **ESTIMATED ATTENDANCE:** 25+

**TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)**

FUNDRAISER       EDUCATIONAL PROGRAM       SPIRITUAL PROGRAM       RECREATIONAL PROGRAM  
 DANCE/PARTY       SOCIAL PROGRAM       COMMUNITY SERVICE       CONFERENCE/CONVENTION  
 OTHER:

**WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)**

SPORTS ACTIVITY OR TOURNAMENT       FOREST CLEAN-UP       INTERNATIONAL TRAVEL  
 BEACH CLEAN-UP       INDOOR/OUTDOOR COOKING       DOMESTIC TRAVEL  
 BEACH BONFIRE

**PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):**

The SHESS' Professional Speaker Series provides the attendees with the professional skills that company recruiters are looking for in a candidate for an internship or entry-level position, and the means for the attendees to succeed as active student leaders, and outstanding professionals in the near future though the knowledge provided by our professional guest speakers. Furthermore, SHESS' Professional Speaker Series allows Cal State LA Students to be engage on campus, and increase their knowledge in both their academic and professional careers in order for the attendees to become the best professionals they can be.

**WHO IS INVITED (CHECK ALL THAT APPLY):**

STUDENT ORG. MEMBERS       CAL STATE L.A. COMMUNITY       OTHER COLLEGES & UNIV.       GENERAL PUBLIC       GUEST LIST

Events intended for the general Cal State L.A. campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement.       NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

**WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR DONATION?**  
 (If yes, please complete statement regarding cash transactions on the back of this form)       NO       YES, HOW MUCH?

**WILL A MOVIE BE SHOWN?**       NO       YES (If yes, please attach written proof of viewing rights.)

**WILL THE EVENT HAVE SECURITY?**       NO       YES If yes, please explain

**WILL FOOD BE SERVED AT THE EVENT?**       NO       YES  
**IF YES, WHO WILL PROVIDE THE FOOD?**       UNIVERSITY CATERING       OTHER: Sbarro's

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

**WILL ALCOHOL BE PRESENT AT THE EVENT?**       NO       YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

**WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE?**       NO       YES Initials  
 If so, please affirm organization members and guests will not consume alcohol.

**WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)?**       NO       YES

**DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT?**       NO       YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

# STATEMENT REGARDING CASH TRANSACTIONS

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Describe the fundraiser (including how the fundraiser or donation process will work, items to be sold, prize(s), etc):

PRESIDENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TREASURER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities.

- CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Judicial Affairs.
- ALCOHOL:** Any event that involves consumption of alcoholic beverages requires authorization from the University. Your organization must complete a Request to Serve Alcoholic Beverages form available in the Center for Student Involvement. Please allow at least 3 weeks for this form to be reviewed by the University.
- PUBLICITY:** All publicity material including banners, brochures, announcements, etc. must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State L.A."

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY.

STUDENT ORG. OFFICER'S NAME: Jose Maria Fuentes  
 ADVISOR'S NAME: Sonya Lopez, Ph. D.  
 SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): *[Handwritten Signature]*  
 DATE: 01/05/17  
 DATE: 1/3/17<sup>se</sup>

## ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: *[Handwritten Signature]* DATE: 1/05/17  
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

CENTER FOR STUDENT INVOLVEMENT DIRECTOR: \_\_\_\_\_

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS?  NO  YES DATE REQUIRED: \_\_\_\_\_

### NOTIFICATIONS:

PUBLIC AFFAIRS DATE: \_\_\_\_\_  ATHLETICS DATE: \_\_\_\_\_  
 DEPT. OF PUBLIC SAFETY DATE: \_\_\_\_\_  FACILITIES USE COORDINATOR DATE: \_\_\_\_\_

### NOTES OR UPDATES:

CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
TEMPORARY FOOD FACILITY PERMIT

Print Form      Clear Form

Date of Event: 02/02/2017, 02/16/17, 03/02/17, 3/16/17 Estimated Attendance: 25

Name of Event: SHESS' Professional Speaker Series

Type of Event: Professional Development Location: E&T A126

Sponsoring Organization: Society of Hispanic Engineering and Science Students (SHESS)

Authorized Representative: Jose Maria Fuentes Phone: (562) 781-5804 Fax: \_\_\_\_\_

Time:  
Access Time: 3:00 pm a.m./p.m. to 4:30 pm a.m./p.m.  
Event Time: 3:15 pm a.m./p.m. to 4:15 pm a.m./p.m.

Type of Food Service:  
 Bake Sale     Snacks     Food Sale     Catering  
 Barbecue     Potluck     Other (describe below)

(Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food Facility Guidelines for further instructions.)

Describe Other: \_\_\_\_\_

List all food and potentially hazardous food (*see* Temporary Food Facility Guidelines for definition) items to be sold/served (include ingredients), use back of page if necessary. Cheese and Pepperoni Pizzas

Where will this food be prepared or purchased [*Note no Home Baked/Cooked Items are Allowed*]? Sbarro's (U-SU)

List all beverages to be sold/served: Water

Where will beverages be prepared or purchased? Cotsco (2207 W Commonwealth Ave, Alhambra, CA 91803)

Method/s of maintaining proper holding temperatures for potentially hazardous food/s during transportation and service: N/A

**Agreement:** For the privilege of selling foods and/or beverages on campus, the Sponsoring Organization shall have attended a food handling orientation (offered at the beginning of Fall and Spring quarters), agrees to read, understand, and comply with the CSLA Temporary Food Facility Guidelines governing food sales or service. Failure to comply with the rules may result in the loss of food and/or beverage selling/serving privileges and possibly disciplinary action.

**Insurance:** (Student Organizations Only) As a prerequisite, the Sponsoring Student Organization agrees to obtain proper insurance coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the event date and ASI agrees to include the Sponsoring Student Organization's activity in its insurance policy. This Temporary Food Permit will not be approved unless accompanied by a proof of ASI insurance.

No liability will be assumed by California State University, Los Angeles, University-Student Union, or University Auxiliary Services for any food or beverage the sponsoring organization provides to the campus community. This permit should be submitted at least 10 days prior to the activity for proper reviews and approvals; otherwise there is no guarantee of completion by the event date.

All signatures shall be obtained in the following order. Student organizations need all signatures; other organizations 1, 3 and 4 only.

<u>JMF</u>	Jose Maria Fuentes
1. Signature of Sponsoring Organization Chairperson	Authorized Representative to be present at event
<u>M. Mahmoud</u>	Date <u>1/3/2017</u>
2. Center for Student Involvement (JU 204) ( <i>Student Organizations Only</i> )	
<u>Amym...</u>	Date <u>1/3/17</u>
3. University Auxiliary Services, Inc. (Golden Eagle Bldg 314)	
<u>Kevin...</u>	Date <u>1/3/17</u>
4. Environmental Health & Safety (Corporate Yard Bldg. 244)	Permit No. <u>#17-020</u>

CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
TEMPORARY FOOD FACILITY PERMIT

Print Form

Clear Form

Date of Event: 3/30/17, 4/20/17, 05/04/17 Estimated Attendance: 25

Name of Event: SHESSE' Professional Speaker Series

Type of Event: Professional Development Location: E&T A126

Sponsoring Organization: Society of Hispanic Engineering and Science Students (SHESSE)

Authorized Representative: Jose Maria Fuentes Phone: (562) 781-5804 Fax: \_\_\_\_\_

Time:

Access Time: 3:00 pm a.m./p.m. to 4:30 pm a.m./p.m.

Event Time: 3:15 pm a.m./p.m. to 4:15 pm a.m./p.m.

Type of Food Service:

- Bake Sale   
  Snacks   
  Food Sale   
  Catering  
 Barbecue   
  Potluck   
  Other (describe below)

(Provide caterer's complete name and address in space above this box; see Paragraph 6.2(e) in Temporary Food Facility Guidelines for further instructions.)

Describe Other: \_\_\_\_\_

List all food and potentially hazardous food (*see* Temporary Food Facility Guidelines for definition) items to be sold/served (include ingredients), use back of page if necessary. Cheese and Pepperoni Pizzas

Where will this food be prepared or purchased [*Note no Home Baked/Cooked Items are Allowed!*]? Sbarro's (U-SU)

List all beverages to be sold/served: Water

Where will beverages be prepared or purchased? Cotsco (2207 W Commonwealth Ave, Alhambra, CA 91803)

Method/s of maintaining proper holding temperatures for potentially hazardous food/s during transportation and service: N/A

**Agreement:** For the privilege of selling foods and/or beverages on campus, the Sponsoring Organization shall have attended a food handling orientation (offered at the beginning of Fall and Spring quarters), agrees to read, understand, and comply with the CSLA Temporary Food Facility Guidelines governing food sales or service. Failure to comply with the rules may result in the loss of food and/or beverage selling/serving privileges and possibly disciplinary action.

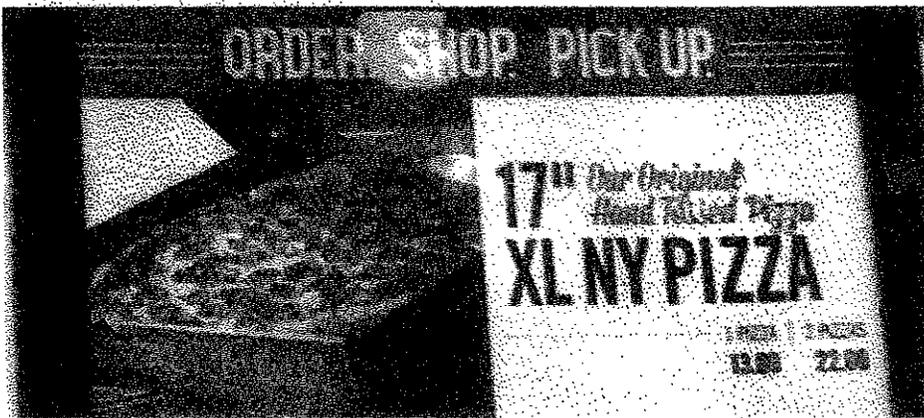
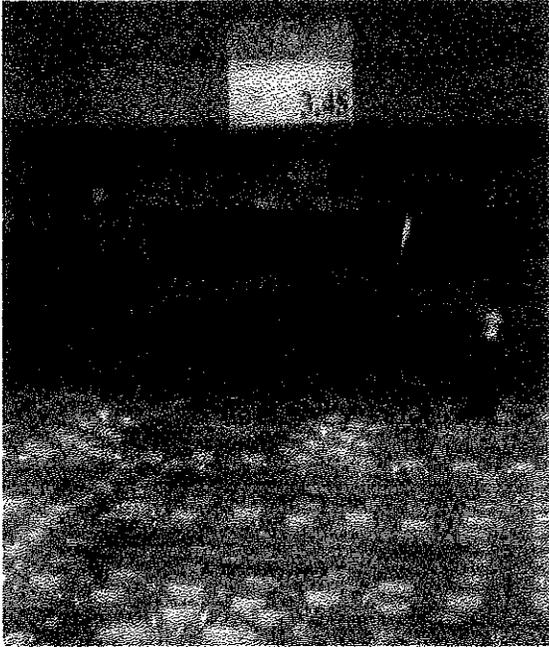
**Insurance:** (Student Organizations Only) As a prerequisite, the Sponsoring Student Organization agrees to obtain proper insurance coverage from the Associated Students, Inc. (ASI) at least two weeks prior to the event date and ASI agrees to include the Sponsoring Student Organization's activity in its insurance policy. This Temporary Food Permit will not be approved unless accompanied by a proof of ASI insurance.

No liability will be assumed by California State University, Los Angeles, University-Student Union, or University Auxiliary Services for any food or beverage the sponsoring organization provides to the campus community. This permit should be submitted at least 10 days prior to the activity for proper reviews and approvals; otherwise there is no guarantee of completion by the event date.

All signatures shall be obtained in the following order. Student organizations need all signatures; other organizations 1, 3 and 4 only.

- |   |   |
|---|---|
| <p>1. Signature of Sponsoring Organization Chairperson</p> <p><u>PP</u></p> <p><u>M. Mahymovsk</u></p>          | <p>Jose Maria Fuentes</p> <p>Authorized Representative to be present at event</p> <p><u>11/3/2017</u></p> <p>Date</p> |
| <p>2. Center for Student Involvement (UU 204) (<i>Student Organizations Only</i>)</p> <p><u>[Signature]</u></p> | <p><u>11/3/17</u></p> <p>Date</p>   |
| <p>3. University Auxiliary Services, Inc. (<i>Golden Eagle Bldg 314</i>)</p> <p><u>[Signature]</u></p>          | <p><u>11/3/17</u></p> <p>Date</p>   |
| <p>4. Environmental Health &amp; Safety (<i>Corporate Yard Bldg. 244</i>)</p>                                   | <p><u>#17-017</u></p> <p>Permit No.</p> <p><u>11/3/17</u></p> <p>Date</p>   |

# Event Estimates/Invoices





# STUDENT EXPESE REIMBURESEMENT FORM

## SHESS CAL STATE LA 2016-2017

**Important:** This form is to be used by the Society of Hispanic Engineering and Science Students (SHESS) only to request reimbursement for business expenses. SHESS will not process requests for expenses that are deemed non-permissible/non-reimbursable by the SHESS Executive Board of Directors and the University.

**REQUESTOR/CONTACT:**

1. Full Name (First, Middle Initial, Last): David Vo

2. CIN: 304850369

3. Home Address: 31900 El Toro Rd Cathedral city, CA, 92234

4. Phone: (626) 246-4274

5. Event Title(s): Shess Speaker Series

6. Date(s) of Event: October 27, 2016 and November 10, 2016

**EXPENSE/ACCOUNT DETAILS:**

Give description of item, event, and location - All approved expenses must be listed on the expense form below and original receipts taped on a piece of paper. All credit/debit card transactions must also include a copy of the bank statement or cancelled check (front & back).

Description	Qty.	Unit Cost	Total Tax	Total Cost
Water, Shess speaker series, CSULA	2	\$4.99	0	\$9.98
Water, Shess speaker series, CSULA	3	\$4.99	0	\$14.97
Payment Method (Circle One):	Cash	Credit/Debit Card	Total:	\$24.95

**SIGNATURES/APPROVALS:** I, the Payee, certify that the charges reported here are correct and that I am not claiming reimbursement from other sources for the same expense.

SIGNATURE OF REQUESTOR: <u>[Signature]</u>	DATE: <u>11/9/16</u>	
NAME OF APPROVER: <u>[Signature]</u>	DATE: <u>11/14/16</u>	
RECEIPT BOOK (MARK):	PRESIDENT	TREASURER
SIGNATURE OF APPROVER: <u>[Signature]</u>		



# STUDENT EXPENSE REIMBURSEMENT FORM

## SHESS CAL STATE LA 2016-2017

**Important:** This form is to be used by the Society of Hispanic Engineering and Science Students (SHESS) only to request reimbursement for business expenses. SHESS will not process requests for expenses that are deemed non-permissible/non-reimbursable by the SHESS Executive Board of Directors and the University.

**REQUESTOR/CONTACT:**

1. Full Name (First, Middle Initial, Last):	<i>Jose Maria Fuentes</i>
2. CIN:	<i>3049 74220</i>
3. Home Address:	<i>21315 Normark Bl. # 73, Hawaiian Gardens, CA, 90716</i>
4. Phone:	<i>(562) 781-5804</i>
5. Event Title(s):	<i>Professional Speaker Series # 5</i>
6. Date(s) of Event:	<i>11/10/16</i>

**EXPENSE/ACCOUNT DETAILS:**

Give description of item, event, and location - All approved expenses must be listed on the expense form below and original receipts taped on a piece of paper. All credit/debit card transactions must also include a copy of the bank statement or cancelled check (front & back).

Description	Qty.	Unit Cost	Total Tax	Total Cost
<i>Printer</i>	<i>4</i>	<i>11.00</i>	<i>3.96</i>	<i>47.96</i>
Payment Method (Circle One): <input checked="" type="radio"/> Cash <input type="radio"/> Credit/ Debit Card			Total:	<i>47.96</i>

**SIGNATURES/APPROVALS:** I, the Payee, certify that the charges reported here are correct and that I am not claiming reimbursement from other sources for the same expense.

SIGNATURE OF REQUESTOR: <i>Jose Maria Fuentes</i>	DATE: <i>11/10/16</i>
NAME OF APPROVER: <i>SHESS - Jose Fuentes</i>	DATE: <i>11/10/16</i>
RECEIPT BOOK (MARK):	<input type="checkbox"/> PRESIDENT <input checked="" type="checkbox"/> TREASURER
SIGNATURE OF APPROVER: <i>Jose Maria Fuentes</i>	