

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

Organization

Club/Organization: Accounting Society
 Event Title: Interview Workshop
 Date(s) of Event: 4/6/17 Quarter: Spring
 Location of Event: San Gabriel Room
 Expected Total Attendance: 30
 Expected Attendance of Cal State LA Students: 26

Event Description and Total Cost Breakdown

Briefly describe the event:

The Interview Workshop will invite professionals from Accounting field to help students to practice interview skills.

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

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

The student who attend the event will gain the exceptional interview experience from professionals and will potentially grow the hiring rate of CSULA students.

Hospitality

Description	Amount
UAS Catering	\$341.00

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount

Event Summary

For Office Use Only • Do Not Write Below

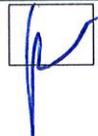
Total Cost of Event: \$341.00
 Amount Requested from A.S.I.: \$341.00
 Amount from other sources: _____
 What other resources are you employing for this event?

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:



'17 MAR 16 PM 2:47:29

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: Accounting Society PHONE: (626) 410-7811 DATE: 1/24/17
 EVENT CONTACT NAME: Shirley Ho EMAIL: shirleyho@calstatela.edu
 NAME OF EVENT: International Workshop LOCATION: Student Union
 EVENT DATE: 4/16/17 BEGIN TIME: 6 PM END TIME: 9 PM ESTIMATED ATTENDANCE: 26

- 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: [Redacted]

- 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):

A professional will be teaching our members on how to add value when you graduate.

- 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? [Redacted]
- 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 [Redacted]

WILL FOOD BE SERVED AT THE EVENT? NO YES
 IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: UAS Catering

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 [Redacted]
 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.

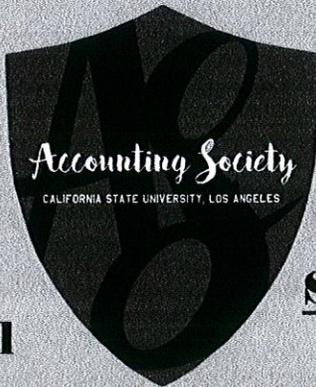


Interview Workshop

**Are you confident enough to
ace your interview?**

**Come join Accounting
Society's Interview
Workshop to polish
your skill. We have
professionals, who will
give you great advice!**

**Food and refreshments
are provided!**



Thursday, April 6th

6:00 - 9:30 P.M

San Gabriel Room 313

www.ascsula.com

ASI
For the Students, By the Students



Golden
Eagle
Hospitality

California State University, Los Angeles
5151 State University Drive, Los Angeles, CA 90032
Phone: (323) 343-6770 - Fax: (323) 343-6771
Banquet Event Order

BEO # E29145
Event Date: 4/6/2017 Thursday

Client/Organization Accounting Society		Event Date 4/6/2017 (Thu)	Booking Contact Shirley Ho		Event # E29145
Address 5154 State University			City, St/Prov Postal Los Angeles, CA 90032	Booking Tel () -	Guests 40 (Act)
Party Name Accounting Society		Sales Rep Amy Miers	Theme		Category

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		5:45 pm	6:00 pm	Student Union	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Deliver to USU San Gabriel Room at 6:00PM			
(40) Disposables	Each	0.35	14.00
(1) Full Pan - Angus Sirloin Steak with Cabernet Mushroom Sauce (40pp)	Each	120.00	120.00
(1) Full Pan - Pesto Cream Penne (40pp)	Each	80.00	80.00
(3) Fresh-Brewed Iced Tea (Unsweetened)	Gallon(s)	18.00	54.00
Water Service			

Notes

Will be trying for ASI funding

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	214.00	54.00	0.00	0.00	0.00	0.00	0.00	268.00
Service Charge	36.38	9.18	0.00	0.00	0.00	0.00	0.00	45.56
Taxes	21.91	5.53	0.00	0.00	0.00	0.00	0.00	27.44
Total	272.29	68.71	0.00	0.00	0.00	0.00	0.00	341.00

Subtotal	268.00	Paid	0.00
Tax	27.44	Balance	341.00
Service Charge	45.56		
Total Value	341.00		

By signing this document, you are authorizing UAS to deduct payment from the above charge account once service is rendered. This Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 8.75% Sales Tax will be

Authorized Signature & Date: _____

GEH Signature & Date: _____