



<http://www.csuci.edu/ira/index.htm>

**Application**  
**Instructionally Related Activities Funds Request**  
**2008-2009 Academic Year**  
**DEADLINE: Fall and Academic Year 3/14/08**  
**Spring 10/15/08**

Applications must first be sent to the appropriate program chair. Chairs will the recommend and route them to the Dean’s Office for review and authorization. The Dean’s Office will then forward them to the IRA Committee for consideration.

**Activity Title:**

**Perspectives on Disability and Civic Engagement:  
Educational Experiences and Life Stories**

Project Sponsor/Staff (Name/Phone): *Dr. Tiina Itkonen*

Activity/Event Date(s): *October 15 and October 22, 2008; February 28 and March 11, 2009*

Date Funding Needed By: *October 15, 2008 (Fall event) and February 28, 2009 (Spring event)*

**\*\*Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.**

**Please check if any of the following apply to your IRA:**

- |   |   |
|---|---|
| <input type="checkbox"/> Equipment Purchase     | <input type="checkbox"/> Field Trip   |
| <input checked="" type="checkbox"/> Event       | <input type="checkbox"/> Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| <input type="checkbox"/> IT Requirements        | <input type="checkbox"/> Risk Management Consultation   |
| <input type="checkbox"/> International Travel   | <input type="checkbox"/> Late Submission (Passed Deadlines: <b>Fall 3/14, Spring 10/15</b> )  |
| <input type="checkbox"/> Space/OPC Requirements |   |
| <input type="checkbox"/> Infrastructure/Remodel |   |
| <input type="checkbox"/> Other _____            |   |

Previously Funded: YES NO Yes, Request # \_ TK 910 745 90117

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: *School of Education, 745*

Date of Submission: *March 5, 2008*

Amount Requested: *\$1,600 for a total of 8 guest speakers across two semesters (\$800 a semester).*

(Should match item 2. E. on page 4)

Estimated Number of Students Participating: *40-60*

**Application**  
**Instructionally Related Activities Funds Request**  
**2008-2009 Academic Year**

**Conditions and Considerations**

**Equipment Purchase**-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

**Events**-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

**Participant Data Collection for Public Dissemination**-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

**Field Trip**-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

**IT Requirements**-Requires proof of correspondence and approval from IT Administration

**International Travel**-Requires International Travel application be submitted to Center for International Affairs.

**Risk Management Consultation**-Requires proof of correspondence with Risk Management.

**Space/OPC Requirements, Infrastructure/Remodel**-Requires proof of correspondence with OPC Administration .

**Late Submission (Deadlines: Fall 3/14, Spring 10/15)**-Requires explanation for emergency funding.

**Fiscal Management:** Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

**Application**  
**Instructionally Related Activities Funds Request**  
**2008-2009 Academic Year**

**Requirements and Signatures**

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

*This project is directly linked to all courses under the CSUCI value of diversity. The primary audience though are students in the School of Education (with about 450 undergraduate FTES and 250 post baccalaureate FTES). Diversity of ability is a California Commission on Teacher Credentialing standard which is enhanced through this project. The target programs include special education with its 2 credentials; multiple subject credential; single subject credential; educational leadership credential, and liberal studies and early childhood majors.*

*This project brings individuals with disabilities to our campus to talk to our undergraduate and teacher credential students about what it was like to go through school with a disability. The speakers are successful adults, having conquered the challenges of their disabilities, and either the non-supportive educational environments or uninvolved parents. For instance, the speakers in the past 5 semesters have included a young man with Down Syndrome who owns his own micro-enterprise business and his own home; a young man with autism who is successfully employed at an elementary school as a para-educator; a mother who was told that she should place her child in an institution but who fought the right for her child to be included in the community; a early childhood educator with a MA degree from CSUN who was told in high school that because of her learning disability, she is not college material and should bag groceries.*

*The aim of inviting guest speakers, who have disabilities themselves, is to emphasize the value of diversity. Individuals with disabilities are people first. We often talk about people with disabilities in the third person and as objects, versus placing them at the center of their dreams and aspirations. When CSUCI students have had opportunities to hear educational experiences and challenges directly from individuals with disabilities, they have been powerful and insightful, as reported by students both on SETEs and on event evaluation forms. Although this event has occurred for 5 semesters, CSUCI student feedback and evaluations consistently plead for this event to continue. As one evaluation comment stated about what was most interesting about the presentation: "To understand that everybody with*

or without any type of disabilities can be somebody in life. What it matters is to have the desire to do something and that we are our only obstacle—nothing else and nobody else.”

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

*EDUC 101, EDUC 520, EDMS 520, EDSS 560, EDLP 605, SPED/PSYCH 345, SPED 541, SPED 542, SPED 543, SPED 642*


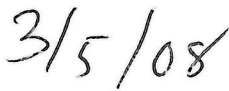




*(10 courses in 6 School of Education programs.)*

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

*End-of-activity evaluations; SETEs*

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.
7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

	
Project Sponsor	Date
	
Program Chair/Director	Date
	
Dean	

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**Application**  
**Instructionally Related Activities Funds Request**  
**2008-2009 Academic Year**

ACTIVITY BUDGET FOR 2008-2009

1. Operating Expense Budget

A. Supplies	_____
B. Vendor Printing	_____
C. In-State Travel	_____
D. Out-of-State Travel	_____
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____
H. Honorarium	<i>Fall: 4 x \$200 = \$800</i>
	<i>Spring 4 x \$200 = \$800</i>
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	_____
TOTAL Expenses	<u>\$1,600</u>

2. Revenue

A. Course Fees	_____
B. Ticket Sales	_____
C. Out of Pocket Student Fees (exclusive of course fees)	_____
D. Additional Sources of funding (Please specify And indicate source)	_____

**Requested Allocation  
from IRA:**

**\$1,600 honorarium:**

*The requested funds will be used to compensate eight guest speakers (speakers with disabilities, and/or their parents), for their time (preparation, travel, presentation time). There will be 4 guest speakers per semester.*

Total Revenue

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## EVALUATION

Perspective on Disability:  
Educational Experiences and Life Stories  
February 27, 2008

Major: Liberal Studies (Teacher)  
Year: graduate senior  junior sophomore freshman

- |  | Agree strongly                     |   |   | Disagree strongly |   |
|--|------------------------------------|---|---|-------------------|---|
| 1. Overall, the presentation was valuable. | <input checked="" type="radio"/> 5 | 4 | 3 | 2                 | 1 |
| 2. The presentation was interesting.       | <input checked="" type="radio"/> 5 | 4 | 3 | 2                 | 1 |
| 3. The presentation was relevant.          | <input checked="" type="radio"/> 5 | 4 | 3 | 2                 | 1 |
- Would you recommend this presentation to others?  yes  no

What was the most interesting aspect of this presentation?

To understand that everybody with or without <sup>any type of</sup> disabilities can be somebody in life. What it matters is to have the desire to do something and that we are ~~not~~ only obstacle. - nothing else and nobody else.

Matty P.

Thank you!

sample evaluations

EVALUATION

Perspective on Disability:  
Educational Experiences and Life Stories  
February 27, 2008

Major: Liberal Studies

Year:  graduate  senior  junior  sophomore  freshman

- |  | Agree strongly |     |   | Disagree strongly |   |
|--|----------------|-----|---|-------------------|---|
| 1. Overall, the presentation was valuable. | (5)            | 4   | 3 | 2                 | 1 |
| 2. The presentation was interesting.       | (5)            | 4   | 3 | 2                 | 1 |
| 3. The presentation was relevant.          | 5              | (4) | 3 | 2                 | 1 |

Would you recommend this presentation to others?  yes  no most definitely.

What was the most interesting aspect of this presentation?

I really enjoyed seeing Matthew there. It was great to see his mom and him interact & also to see his life at a young age & now.

Great journey to see.

Thank you!



EVALUATION

Perspective on Disability:  
Educational Experiences and Life Stories  
February 27, 2008

Major: Psychology  
Year:  graduate  senior  junior  sophomore  freshman

- |  | Agree strongly |   |   | Disagree strongly |   |
|--|----------------|---|---|-------------------|---|
| 1. Overall, the presentation was valuable. | <u>5</u>       | 4 | 3 | 2                 | 1 |
| 2. The presentation was interesting.       | <u>5</u>       | 4 | 3 | 2                 | 1 |
| 3. The presentation was relevant.          | <u>5</u>       | 4 | 3 | 2                 | 1 |

Would you recommend this presentation to others?  yes  no

What was the most interesting aspect of this presentation?

Hearing Matthew speak, his personality, obstacles they overcome w/ education, goals in his life similar to everyone!

Thank you!



# California State University Channel Islands

## Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

**MAKE CHECK PAYABLE TO:**

Name: Rebecca Hayden

Address 1: 12426 Sunnyglenn Drive

Address 2: \_\_\_\_\_

City, State Zip: Moorpark, CA 93021-2777

229

PeopleSoft Vendor ID: \_\_\_\_\_  
 Note: **New vendors must complete a Form 204**

**Check will be:**

- Mailed to the address at left
- Picked up from Cashier - Ext \_\_\_\_\_

Description as it should appear on reports (30 characters)

Amount \$ 100.00

Honorarium - Rebecca Hayden

**TYPE OF PAYMENT** (Attach original receipts and invoice, if applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee                                 | <input type="checkbox"/> Membership/Dues      | <input type="checkbox"/> Postage                              |
| <input type="checkbox"/> Advertising                                       | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund                               |
| <input type="checkbox"/> Freight/Shipping                                  | <input type="checkbox"/> Parking/Bank Fee     | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee (under 1K)      | <input type="checkbox"/> Payroll Advance*     | <input type="checkbox"/> Subscription/Periodical              |
| <input type="checkbox"/> Interpreting/Notetaking Svc                       | <input type="checkbox"/> Permit/License Fee   | <input type="checkbox"/> Utilities                            |
| <input type="checkbox"/> PO Closed ***                                     | <input type="checkbox"/> Tax Remittance       | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm)        |
| <input type="checkbox"/> CSU Overhead Costs                                | <input type="checkbox"/> Art Models           | <input type="checkbox"/> Prizes/Awards (Non-General Fund)     |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) |   | <input checked="" type="checkbox"/> IRA Activity              |

\* To be used by payroll department only.

\*\*Please attach a signed Non-Employee reimbursement form to this check request.

\*\*\*To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

IRA event: Perspectives on Disability guest speaker on Sept 23, 2008. 204 Form and offer letter attached. *204 WAS PREVIOUSLY TAXED TO PROCUREMENT.*

PLEASE SEND ATTACHED FORM WITH CHECK

**CHARGE**

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90195			\$100.00
<b>Total</b>						<b>\$100.00</b>

Requested

Mary Devins 3253  
 Printed Name & Extension

*Mary Devins*  
 Signature

10/7/08/08  
 Date

Approved by:

Dan Wakelee, Associate Dean  
 Printed Name

*Dan Wakelee*  
 Signature

10/7/08  
 Date



September 17, 2008

Dear Ms. Frolich and Ms. Hayden:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your educational experiences as team teaching teachers will be invaluable for my students who are future middle and high school teachers.

The presentation will take place on September 23.

We meet at Bell Tower West room 2716 at 7:30 pm. You will each receive an honorarium of \$100 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

Tiina Itkonen, PhD  
Assistant Professor of Education

**PAYEE DATA RECORD**

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

**Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.**

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

<b>1</b> PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	<b>PURPOSE:</b> Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.  (See Privacy Statement on Page 2)
	STREET ADDRESS One University Drive	
	CITY, STATE, ZIP CODE Camarillo, CA 93012	
	TELEPHONE NUMBER (805) 437-8400	

<b>2</b>	PAYEE'S BUSINESS NAME Rebecca Hayden 12426 Sunnyglen Drive MOORPARK, CA 93021-2777 <small>(CITY, STATE, and ZIP CODE)</small>
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<b>3</b> PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <table style="width: 100%;"> <tr> <td><input type="checkbox"/> LEGAL CORPORATION</td> <td><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td><input type="checkbox"/> MEDICAL CORPORATION</td> <td><input type="checkbox"/> ESTATE OR TRUST</td> </tr> <tr> <td><input type="checkbox"/> EXEMPT CORPORATION (Non-profit)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> ALL OTHER CORPORATIONS</td> <td></td> </tr> </table> FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]	<input type="checkbox"/> LEGAL CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> MEDICAL CORPORATION	<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> EXEMPT CORPORATION (Non-profit)		<input type="checkbox"/> ALL OTHER CORPORATIONS		NOTE: State and local governmental entities, including school districts are not required to submit this form.  NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	<input type="checkbox"/> LEGAL CORPORATION	<input type="checkbox"/> PARTNERSHIP								
<input type="checkbox"/> MEDICAL CORPORATION	<input type="checkbox"/> ESTATE OR TRUST									
<input type="checkbox"/> EXEMPT CORPORATION (Non-profit)										
<input type="checkbox"/> ALL OTHER CORPORATIONS										
<input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER: 569-591-7900 OWNER'S FULL NAME: Rebecca Ann Hayden										

<b>4</b> PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA.</td> </tr> <tr> <td><input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding.</td> </tr> <tr> <td><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</td> </tr> <tr> <td><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA</td> </tr> </table>	<input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA.	<input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding.	<input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED	<input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
	<input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA.					
<input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding.						
<input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED						
<input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA						

<b>5</b> CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Rebecca A. Hayden	TITLE	
	SIGNATURE <i>[Signature]</i>	DATE 9/18/08	TELEPHONE NUMBER (805) 531-5424

229

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# Perspectives on Disability: Educational Experiences and Life Stories

September 11, 2008 7:30 pm  
BTW 2716

Presenters:

Amber Hardy  
Eileen Medina  
Matthew Medina



RSVP: Tiina Itkonen 437-3294  
Tiina.itkonen@csuci.edu

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September 4, 2008

229

Dear Ms. Hardy, Mr. Jensen, Ms. Medina and Mr. Medina:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your educational experiences as a person with disabilities will be invaluable for my students who are future middle and high school teachers.

The dates of the presentations are as follows:

September 18 (Duane Jensen) and September 25 (Amber Hardy, Eileen Medina, Matthew Medina). We meet at Bell Tower West room 2716 at 7:30 pm. You will each receive an honorarium of \$200 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

Tiina Itkonen, PhD  
Assistant Professor of Education

Identifying Information | Address | Location | Contacts | 1099

SetID: CICMP Vendor: 0000002903 HARDY, AMBER

Vendor Address Find | View All First 1 of 1

Addr: 001 Descr: REMIT - CARPINTERIA

Address Detail Find | View All First 1 of 1

Effective Date: 12/12/2005 Status: Active

Country: USA United States

Address 1: 5378 DARIESA ST

Address 2:

Address 3:

City: CARPINTERIA

County: SANTA BARBARA Postal: 93013

State: CA California

Email ID:

Payment/Withholding Alternate Names Telephone...

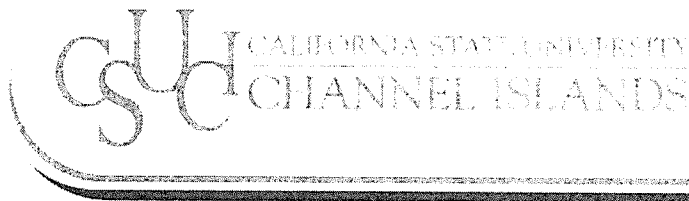
229

Save Return to Search Previous Item Next in List Notify Refresh Update Display

Identifying Information | Address | Location | Contacts | 1099

~~XXXXXXXXXX~~

|



September 4, 2008

229

Dear Ms. Hardy, Ms. Medina and Mr. Medina:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your educational experiences as a person with disabilities will be invaluable for my students who are future middle and high school teachers.

The date of the presentations will be September 11, 2008. We meet at Bell Tower West room 2716 at 7:30 pm. You will each receive an honorarium of \$200 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

Tiina Itkonen, PhD  
Assistant Professor of Education





**California State University Channel Islands  
Check Request Form**

229

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

**MAKE CHECK PAYABLE TO:**

Name: Medina Supported Living  
 Address 1: 7610 Hollister Avenue #217  
 Address 2: \_\_\_\_\_  
 City, State Zip: Goleta, CA 93117

PeopleSoft Vendor ID: 2901  
**Note: New vendors must complete a Form 204**

**Check will be:**  
 Mailed to the address at left  
 Picked up from Cashier - Ext \_\_\_\_\_

Description as it should appear on reports (30 characters)

**Amount \$ 200.00**

Honorarium - Eileen Medina

**TYPE OF PAYMENT** (Attach original receipts and invoice, if applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee                                 | <input type="checkbox"/> Membership/Dues      | <input type="checkbox"/> Postage                              |
| <input type="checkbox"/> Advertising                                       | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund                               |
| <input type="checkbox"/> Freight/Shipping                                  | <input type="checkbox"/> Parking/Bank Fee     | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee(under 1K)       | <input type="checkbox"/> Payroll Advance*     | <input type="checkbox"/> Subscription/Periodical              |
| <input type="checkbox"/> Interpreting/Notetaking Svc                       | <input type="checkbox"/> Permit/License Fee   | <input type="checkbox"/> Utilities                            |
| <input type="checkbox"/> PO Closed ***                                     | <input type="checkbox"/> Tax Remittance       | <input type="checkbox"/> Sodexho (w/ Meal Approval Frm)       |
| <input type="checkbox"/> CSU Overhead Costs                                | <input type="checkbox"/> Art Models           | <input type="checkbox"/> Prizes/Awards (Non-General Fund)     |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) |   | <input checked="" type="checkbox"/> IRA Activity              |

\* To be used by payroll department only.

\*\*Please attach a signed Non-Employee reimbursement form to this check request.

\*\*\*To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.
IRA event: Perspectives on Disability guest speaker on Sept 11 <sup>th</sup> , 2008. <input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

**CHARGE**

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90195			\$200.00
<b>Total</b>						\$200.00

Requested Mary Devins  
 Printed Name & Extension

Mary Devins  
 Signature

9/11/08  
 Date

Approved by: Dan Wakelee, Associate Dean  
 Printed Name

Dan Wakelee  
 Signature

9/11/08  
 Date



# California State University Channel Islands

## Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

229

**MAKE CHECK PAYABLE TO:**

Name: Taking Care of Business  
 Address 1: 4326 Calle Real #64  
 Address 2: \_\_\_\_\_  
 City, State Zip: Santa Barbara, CA 93101

PeopleSoft Vendor ID: 2900  
 Note: **New vendors must complete a Form 204**

**Check will be:**

- Mailed to the address at left  
 Picked up from Cashier - Ext \_\_\_\_\_

Description as it should appear on reports (30 characters)

Amount \$ 200.00

Honorarium - Matthew Medina

**TYPE OF PAYMENT** (Attach original receipts and invoice, if applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee                                 | <input type="checkbox"/> Membership/Dues      | <input type="checkbox"/> Postage                              |
| <input type="checkbox"/> Advertising                                       | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund                               |
| <input type="checkbox"/> Freight/Shipping                                  | <input type="checkbox"/> Parking/Bank Fee     | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee (under 1K)      | <input type="checkbox"/> Payroll Advance*     | <input type="checkbox"/> Subscription/Periodical              |
| <input type="checkbox"/> Interpreting/Notetaking Svc                       | <input type="checkbox"/> Permit/License Fee   | <input type="checkbox"/> Utilities                            |
| <input type="checkbox"/> PO Closed ***                                     | <input type="checkbox"/> Tax Remittance       | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm)        |
| <input type="checkbox"/> CSU Overhead Costs                                | <input type="checkbox"/> Art Models           | <input type="checkbox"/> Prizes/Awards (Non-General Fund)     |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) |   | <input checked="" type="checkbox"/> IRA Activity              |

\* To be used by payroll department only.

\*\*Please attach a signed Non-Employee reimbursement form to this check request.

\*\*\*To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.
IRA event: Perspectives on Disability guest speaker on Sept 11 <sup>th</sup> 2008. <input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

**CHARGE**

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90195			\$200.00
<b>Total</b>						\$200.00

Requested Mary Devins x3253  
 Printed Name & Extension

\_\_\_\_\_  
 Signature 9/11/08  
 Date

Approved by: Dan Wakelee, Associate Dean  
 Printed Name

\_\_\_\_\_  
 Signature 9/11/08  
 Date



California State University Channel Islands  
Check Request Form

229

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Amber Hardy

PeopleSoft Vendor ID: 2903

Note: New vendors must complete a Form 204

Address 1: 5378 Dariesa St

Address 2: \_\_\_\_\_

City, State Zip: Carpinteria, CA 93013

Check will be:

- Mailed to the address at left
- Picked up from Cashier - Ext \_\_\_\_\_

Description as it should appear on reports (30 characters)

Amount \$ 200.00

Honorarium - Matthew Medina

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee                                 | <input type="checkbox"/> Membership/Dues      | <input type="checkbox"/> Postage                              |
| <input type="checkbox"/> Advertising                                       | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund                               |
| <input type="checkbox"/> Freight/Shipping                                  | <input type="checkbox"/> Parking/Bank Fee     | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee(under 1K)       | <input type="checkbox"/> Payroll Advance*     | <input type="checkbox"/> Subscription/Periodical              |
| <input type="checkbox"/> Interpreting/Notetaking Svc                       | <input type="checkbox"/> Permit/License Fee   | <input type="checkbox"/> Utilities                            |
| <input type="checkbox"/> PO Closed ***                                     | <input type="checkbox"/> Tax Remittance       | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm)        |
| <input type="checkbox"/> CSU Overhead Costs                                | <input type="checkbox"/> Art Models           | <input type="checkbox"/> Prizes/Awards (Non-General Fund)     |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) |   | <input checked="" type="checkbox"/> IRA Activity              |

\* To be used by payroll department only.

\*\*Please attach a signed Non-Employee reimbursement form to this check request.

\*\*\*To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

IRA event: Perspectives on Disability guest speaker on Sept 11<sup>th</sup> 2008.

PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90195			\$200.00
<b>Total</b>						<b>\$200.00</b>

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature

9/11/08  
Date

Approved by: Dan Wakelee, Associate Dean  
Printed Name

Dan Wakelee  
Signature

9/11/08  
Date



**California State University Channel Islands  
Check Request Form**

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To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

**MAKE CHECK PAYABLE TO:**

Name: Melinda Froelich \_\_\_\_\_

Address 1: PO Box 1357 \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Camarillo, CA 93011 \_\_\_\_\_

Amount: \$ 200.00 \_\_\_\_\_

PeopleSoft Vendor ID: 5185  
Note: New vendors must complete a Form 204

**Check Instructions:**

- Mail to payee
- Pick up at Cashier - Ext
- Mail attachments with check - include copies

Description to appear on reports (30 characters)  
\_\_\_\_\_

**TYPE OF PAYMENT:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertising                   | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical         |
| <input type="checkbox"/> Art Model                     | <input type="checkbox"/> Membership/Dues             | <input type="checkbox"/> Tax Remittance*                 |
| <input type="checkbox"/> Bank Fee*                     | <input type="checkbox"/> Parking                     | <input type="checkbox"/> Utility/Telephone               |
| <input type="checkbox"/> Freight/Postage               | <input type="checkbox"/> Payroll                     | <input checked="" type="checkbox"/> IRA Activity         |
| <input checked="" type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License              | <input type="checkbox"/> Other- <b>must</b> be explained |
| <input type="checkbox"/> Interpreting/Note taking      | <input type="checkbox"/> Registration/Conference     |  |

\*Accounting Use Only    \*\*Hampton Inn/Country Inn/Courtyard Marriott

**DESCRIPTION AND/OR EXPLANATION OF PAYMENT:**

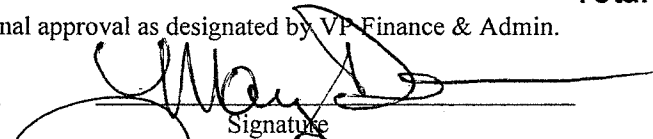
IRA Event: Perspectives on Disability slated for February 16, 2009. Vendor already in the system. Offer letter, flyer, and IRA Proposal attached.

**ACCOUNTING & APPROVAL:**

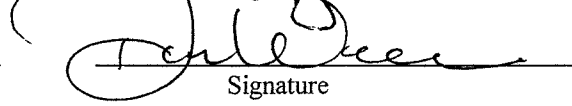
Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90195			\$200.00
<b>Total</b>						\$200.00

\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

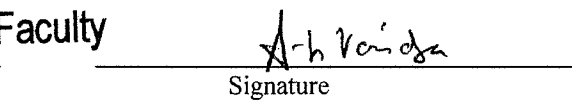
**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

  
Signature 2-13-09  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

  
Signature 2-13-09  
Date

**Approver:** Ashish Vaidya, Dean of the Faculty  
(If required) Printed Name & Extension

  
Signature 2-13-09  
Date

February 11, 2009

Dear Ms. Frolich, Ms. Hayden, and Mr. Corkery:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your experiences as co-teachers will be invaluable for my students who are special educators.

The date of the presentation is February 16 at 4:30 pm. You will each receive an honorarium of \$200 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

Tiina Itkonen, PhD  
Assistant Professor of Education

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# Perspectives on Disability: Educational Experiences and Life Stories

February 16, 2009 4:30 pm  
BTW 2716

Presenters:

Mindy Frolich  
Becca Hayden  
Shawn Corkery



RSVP: Tiina Itkonen 437-3294  
Tiina.itkonen@csuci.edu

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**California State University Channel Islands  
Check Request Form**

229

To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

**MAKE CHECK PAYABLE TO:**

Name: Rebecca Hayden

Address 1: 12426 Sunnyglen Drive

Address 2: \_\_\_\_\_

City, State Zip: Moorpark, CA 93021

Amount: \$ 200.00

PeopleSoft Vendor ID: 5230

Note: **New vendors must complete a Form 204**

**Check Instructions:**

- Mail to payee
- Pick up at Cashier - Ext
- Mail attachments with check - include copies

Description to appear on reports (30 characters)

\_\_\_\_\_

**TYPE OF PAYMENT:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertising                   | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical         |
| <input type="checkbox"/> Art Model                     | <input type="checkbox"/> Membership/Dues             | <input type="checkbox"/> Tax Remittance*                 |
| <input type="checkbox"/> Bank Fee*                     | <input type="checkbox"/> Parking                     | <input type="checkbox"/> Utility/Telephone               |
| <input type="checkbox"/> Freight/Postage               | <input type="checkbox"/> Payroll                     | <input checked="" type="checkbox"/> IRA Activity         |
| <input checked="" type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License              | <input type="checkbox"/> Other- <b>must</b> be explained |
| <input type="checkbox"/> Interpreting/Note taking      | <input type="checkbox"/> Registration/Conference     |  |

\*Accounting Use Only    \*\*Hampton Inn/Country Inn/Courtyard Marriott

**DESCRIPTION AND/OR EXPLANATION OF PAYMENT:**

IRA Event: Perspectives on Disability slated for February 16, 2009. Vendor already in the system. Offer letter, flyer, and IRA Proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90195			\$200.00
<b>Total</b>						\$200.00

\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins x3253  
Printed Name & Extension

*Mary Devins*  
Signature

2-13-09  
Date

**Approver:** Dan Wakelee  
Printed Name & Extension

*Dan Wakelee*  
Signature

2-13-09  
Date

**Approver:** Ashish Vaidya, Dean of the Faculty  
(If required) Printed Name & Extension

*Ashish Vaidya*  
Signature

2-13-09  
Date

February 11, 2009

229

Dear Ms. Frolich, Ms. Hayden, and Mr. Corkery:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your experiences as co-teachers will be invaluable for my students who are special educators.

The date of the presentation is February 16 at 4:30 pm. You will each receive an honorarium of \$200 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

Tiina Itkonen, PhD  
Assistant Professor of Education



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# Perspectives on Disability: Educational Experiences and Life Stories

February 16, 2009 4:30 pm  
BTW 2716

Presenters:

Mindy Frolich  
Becca Hayden  
Shawn Corkery



RSVP: Tiina Itkonen 437-3294  
Tiina.itkonen@csuci.edu

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September 17, 2008

Dear Ms. Frolich and Ms. Hayden:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your educational experiences as team teaching teachers will be invaluable for my students who are future middle and high school teachers.

The presentation will take place on September 23.

We meet at Bell Tower West room 2716 at 7:30 pm. You will each receive an honorarium of \$100 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

Tiina Itkonen, PhD  
Assistant Professor of Education