



<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 then 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: Two Semester Chicana/o Studies Lecture Series
Project Sponsor/Staff (Name/Phone): **Frank P. Barajas (History) and Dennis Downey (Sociology)**

Activity/Event Date(s): Fall (October/November) 2008 and Spring (March/April) 2009
Date Funding Needed By: October 2008

**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: Fall 3/14, Spring 10/15) |
| <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

Previously Funded: YES NO Yes, Request # 131 _____

Waking Up in the Nuclear Age II #131

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: History/Chicana/o Studies

Date of Submission: **March 13, 2008**

Amount Requested: \$7,000.00
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: 200



California State University Channel Islands
Check Request Form

225

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

MAKE CHECK PAYABLE TO:

Name: Ana Rosas _____

Address 1: 540 West 53rd Street _____

Address 2: _____

City, State Zip: Los Angeles, CA 90037 _____

Amount: \$ 1300.00__

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check Instructions:

- Mail to payee
- * Pick up at Cashier - Ext 3253
- Mail attachments with check – include copies

Description to appear on reports (30 characters)
Rosas Honorarium _____

*Check will only be held for 48 hours after notification before being mailed out.

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- <u>must</u> 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:

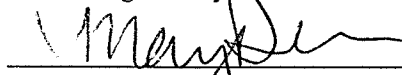
Honorarium for Chicano Studies speaker series, "Crossing Borders, Linking Communities in Chicano Studies". Offer letter and flyer attached. 204 form (attached) was faxed to Procurement.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	740	90201			\$1,300.00
Total						\$1,300.00

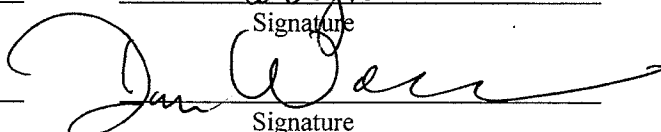
*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Mary Devins _____
Printed Name & Extension


Signature

11/20/09
Date

Approver: Dan Wakelee _____
Printed Name & Extension

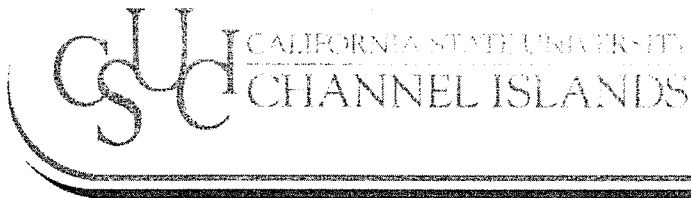

Signature

11/30/09
Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date



September 15, 2009

Professor Ana Rosas
Department of Chicano/a-Latino/a Studies
3151 Social Science Plaza A
Social Science Tower 391
University of California, Irvine
Irvine, CA 92679-5100

Dear Professor Rosas,

Thank you for accepting our invitation to be one of our speakers for California State University Channel Islands Fall 2009 Chicana/o Studies Lecture Series. We are all very excited about your visit, and to hear about your presentation titled: "Ourselves-Our Children: Responsibility and Respectability across the U.S.-Mexico Borderlands, 1942-1947."

We have scheduled you to speak on Tuesday, October 13 at 3pm at Broome Library Room 1360. For planning purposes, we would like to have you plan to speak for approximately 40 minutes, and to be prepared to follow that with 15-20 minutes for questions and answers from the audience.

An honorarium of \$1,300 will be awarded to you upon the completion of your engagement as an expression of the university's appreciation, and to cover your travel and lodging costs. We ask that you make your own travel arrangements to CSUCI. You should have already been contacted by Mary Devins, Instructionally Related Activities Faculty Support Coordinator, to process the paperwork necessary for your honorarium. If not, you can contact her at (805) 437-3253.

Again, we are very excited about your visit. If there is anything that we can do to assist in your preparations, or any questions that we can answer, please contact us at any time. We want to make sure that your visit to CSUCI is as enjoyable for you as it is for us.

Sending best regards,

José Alamillo
Chicano/a Studies Program

Frank Barajas
History Program

Dennis J. Downey
Sociology Program

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

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	PURPOSE: 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	

2	PAYEE'S BUSINESS NAME Ana Elizabeth Rosas
----------	--

MAILING ADDRESS (Number and Street or P.O. Box Number)

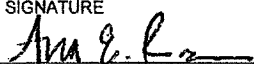
540 West 53rd Street

(CITY, STATE, and ZIP CODE)

Los Angeles, CA 90037

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] [] - [] [] [] [] [] [] [] []	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 checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME [5][6][0]-[9][7]-[8][5][9][5] Ana Elizabeth Rosas	

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <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)
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5 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) Ana Elizabeth Rosas		TITLE Ph.D.
	SIGNATURE 	DATE 10/20/09	TELEPHONE NUMBER 323-231-4124



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

235

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

MAKE CHECK PAYABLE TO:

Name: Gustavo Arellano
 Address 1: PO Box 1433
 Address 2: _____
 City, State Zip: Anaheim, CA 92815-1433
 Amount: \$ 1300.00

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

Check Instructions:

- Mail to payee
- * **Pick up at Cashier - Ext 3253**
- Mail attachments with check - include copies

Description to appear on reports (30 characters)
Arellano Honorarium

*Check will only be held for 48 hours after notification before being mailed out.

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- must 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:

Honorarium for Chicano Studies speaker series, "Crossing Borders, Linking Communities in Chicano Studies". Offer letter and flyer attached. 204 form (attached) was faxed to Procurement.

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Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	740	90201			\$1,300.00
Total						\$1,300.00

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

Requestor: Mary Devins
 Printed Name & Extension

Approver: Dan Wakelee
 Printed Name & Extension

Mary Devins
 Signature

Dan Wakelee
 Signature

10/5/09
 Date

10/5/09
 Date

Approver: _____
 (If required) Printed Name & Extension

 Signature

 Date

235

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

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	STREET ADDRESS One University Drive	
	CITY, STATE, ZIP CODE Camarillo, CA 93012	
	TELEPHONE NUMBER (805) 437-8400	

2	PAYEE'S BUSINESS NAME Ana Elizabeth Rosas
----------	--

MAILING ADDRESS (Number and Street or P.O. Box Number)


540 West 53rd Street

(CITY, STATE, and ZIP CODE)

Los Angeles, CA 90037

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY		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"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) -	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	
	<input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME 5 6 0 - 9 7 - 8 5 9 5 Ana Elizabeth Rosas		

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)	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	

5 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) Ana Elizabeth Rosas	TITLE Ph.D.	
	SIGNATURE 	DATE 10/20/09	TELEPHONE NUMBER 323-231-4124

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. **The activity will introduce students, the campus community, and members within our service area to the origins, latest scholarship, and direction of Chicana/o Studies by way of a lecture series inviting one of the founding scholars of Chicana/o Studies, Rodolfo F. Acuña, as well as noted academics of the likes of Lorena Oropeza, Vicki L. Ruiz, and Gilbert Gonzalez. This preliminary list of four potential academic lecture speakers is pending upon their availability. Another function of this lecture series seeks to celebrate the university's inauguration of the BA Degree Program in Chicana/o Studies in the fall of 2008.**

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.

CHS 100 Chicanos in Contemporary Society

CHS 331 Transborder Perspectives

HIST 271 US History Since 1877

HIST 280 The Historian's Craft

HIST 333 History of Southern California Chicana/o Art

ENGL/HIST 334 Narratives of Southern California

HIST 350 Chicana/o History and Culture

HIST 420 History of Mexico

HIST 421 Revolutionary Mexico

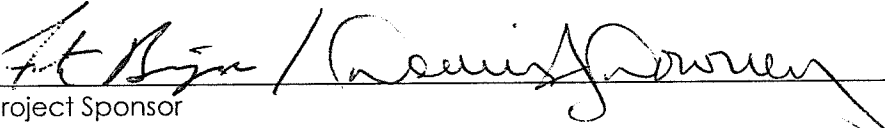
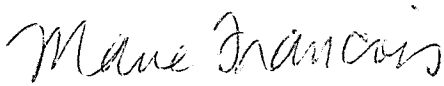
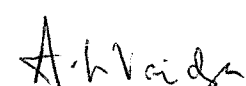
SOC 340 Social Movements

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.**

Students attending the lecture series will be required to write reflection papers and participate in in-class discussion groups on the presentations of the invited authors.

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. **Funds to host the invited lecture speakers at lunch or dinner will be requested from various administrative offices in both Academic and Student Affairs. Funding will also be requested from these units to provide refreshments at the events.**
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

	3/17/08
Project Sponsor	Date
	3/13/08
Program Chair/Director	Date
	3/17/08
Dean	

RECEIVED

MAR 14 2008

Dean's Office

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 **\$1500.00** _____
D. Out-of-State Travel _____
E. Equipment Rental _____
F. Equipment Purchase _____
G. Contracts/Independent Contractors _____
H. Honorarium **\$4000.00**=(4 speakersx\$1000) _____

I. OPC Chargeback **\$500.00** _____
J. Copier Chargeback _____
K. Other (Please Specify) **\$1000.00** advertising and promotion _____

TOTAL Expenses **\$7000.00** _____

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) **N/A** _____
E. **Requested Allocation
from IRA \$7000.00**

Total Revenue **\$7000.00** _____



Contact: Events and Facilities Liaison (EFL)
One University Dr., Camarillo, CA 93012 Tel.: 805-437-8433 Fax: 805-437-8431

Events & Facilities Use Request Form

Select Internal or External Request
Date Finalized by EFL
Select New, Modify or Cancel Event
Event #

EVENT INFORMATION PLEASE SUBMIT THIS FORM 30 DAYS PRIOR TO THE DATE OF EVENT

Organization or CSUCI Dept: History
Billing Address or
CSUCI charge code:
Account Code / Fund / Dept / Program

Date(s) of Event: Oct.&Dec. 2008; Feb.&Ap. 2009
Title of Event: Chicana/o Studies Lecture Series
Start Time: 7:30PM; 10:30AM
Finish Time: 9:00PM; 11:45AM
Set Up Time: 7:15PM; 10:15

Event Coordinator: Frank Barajas and Dennis Downey
Tel: 437.8862 Email: frank.barajas@csuci.edu
Fax: Cell:

Expected Attendance: 200 total
Target Audience (please select) Campus Community
Brief Description of Event: Lecture Series

FACILITY REQUESTED:

- Malibu 100
Grand Salon
Petit Salon
Salon A
The Hub
The Hub Park
South Quad
North Quad
Library Courtyard
Classrooms(specify)
Other(specify)

O.P.C. SERVICES REQUESTED:

- Audio System
Wireless Mic (2) #
Lapel Mic (2) #
Panel Mics (set of 6)
CD Player
Stage (10'x8'x2')
Podium
Power Ext Cords #
Power strips #
Trash Cans - Extra #
Recycle Cans #
Banners/Signage
Placement location
Other Services (Please specify)
OPC SERVICES NOT REQUESTED

SPECIAL REQUIREMENTS:

- Alcohol will not be served
Alcohol will be served
If alcohol is to be served/supplied, approval by the Chief of Police and the University President is required.

SET-UP LAYOUT REQUESTED:

- Theater/Auditorium
Classroom
Banquet/Dining
Open Square
U-Shape
Other (please attach a sketch of your layout)

- Catering/Food Service: water and cookies
Sodexo has first right of refusal for on-campus catering.

Contact Sodexo: 805-437-8917 to discuss details.
sodexo@csuci.edu

I.T. SERVICES REQUESTED:

- PC on cart
TV/VCR
Wireless Internet Services
Guest Access to Internet
Other (please specify)
IT SERVICES NOT REQUESTED

TRANSPORTATION & PARKING:

- Directional signs must be provided to TPS 48 hrs. prior to event
Signs provided by: History Program
Prkg. attendants requested:
Parking for event is designated by TPS:

PUBLIC SAFETY:

- Additional assistance is requested for this event. (please specify):
UNIV. POLICE CONSULTATION IS REQUIRED

APPROVALS: for administrative use only

Divisional Vice President (approval of event and charge code) Date
Events & Facilities Liaison (verification of space availability) Date
Chief of Police (event notification & approval for alcohol) Date
Dir. of Transportation & Parking (traffic control & parking) Date
Information Technology (approval if IT services requested) Date

Assoc. Dir. Buildings & Grounds (review setup/equip/layout/items) Date
Assoc. VP for OPC (review completed events and facilities request) Date
**Sodexo Manager (approval for waiver of catering services) Date
*President (approval for alcohol supply and/or service) Date

Please note: All events must comply with the Americans for Disabilities Act and be accessible to persons with disabilities. The sponsor of the event is responsible for requests for access accommodations and for the cost of disability accommodations. Information available at www.ada.gov



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

235

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

MAKE CHECK PAYABLE TO:

Name: Lorena Oropeza _____

Address 1: 555 Dimm Street _____

Address 2: _____

City, State Zip: Richmond, CA 94805 _____

Amount: \$ 1400.00__

*Check will only be held for 48 hours after notification before being mailed out.

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

Check Instructions:

- Mail to payee
- * Pick up at Cashier - Ext 3253
- Mail attachments with check – include copies

Description to appear on reports (30 characters)
Oropeza Honorarium _____

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- must be explained |
| <input type="checkbox"/> Interpreting/Note taking | <input type="checkbox"/> Registration/Conference | |

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

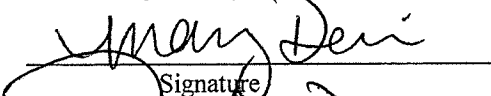
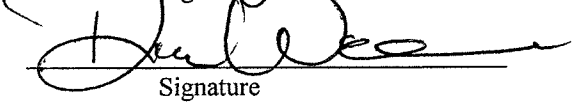
DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for Chicano Studies speaker series. Professor Oropeza will be speaking about Chican Protest & Patriotism during the Vietnam War. Offer letter and flyer attached. 204 form was faxed to Procurement.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	740	90201			\$1,400.00
Total						\$1,400.00

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

<p>Requestor: Mary Devins _____ Printed Name & Extension</p> <p>Approver: Dan Wakelee _____ Printed Name & Extension</p> <p>Approver: _____</p>	 Signature	<p>9/15/09 Date</p>  Signature	<p>_____ Date</p>
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295

Division of Academic Affairs

September 3, 2009

Professor Lorena Oropeza
Department of History
2216 Social Sciences & Humanities
University of California, Davis
Davis, CA 95616

Dear Professor Oropeza,

Thank you for accepting our invitation to be one of our speakers for California State University Channel Islands Fall 2009 Chicana/o Studies Lecture Series. We are all very excited about your visit, and to hear about your research on the Chicano Moratorium and the Alianza Movement. We have scheduled you to speak on Thursday, September 17, at 6:00 p.m. For planning purposes, we would like to have you plan to speak for approximately 35 minutes, and to be prepared to follow that with 15-20 minutes for questions and answers from the audience.

An honorarium of \$1,400 will be awarded to you upon the completion of your engagement as an expression of the university's appreciation, and to cover your travel costs. We ask that you make your own travel arrangements to CSUCI. To process your honorarium, please complete the attached Payee Data Form and fax it to Mary Devins, Instructionally Related Activities Faculty Support Coordinator. Mary should be contacting you soon about this; if not, you can contact her at (805) 437-3253.

Again, we are very excited about your visit. If there is anything that we can do to assist in your preparations, or any questions that we can answer, please contact us. We want to make sure that your visit to CSUCI is as enjoyable for you as it is for us.

Sending best regards,

Dennis J. Downey
Sociology Program
CSU Channel Islands

(805)437-3315
dennis.downey@csuci.edu

One University Drive, Camarillo, California 93012-8599 • Tel: (805) 437-XXXX • Fax: (805) 437-XXXX • www.csuci.edu

a campus of the California State University • Baker Beach • Channel Islands • Citrus • Dominguez Hills • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
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FALL 2009 SPEAKER SERIES

CROSSING BORDERS, LINKING COMMUNITIES IN CHICANO/A STUDIES

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Author of ¡Raza Sí! ¡Guerra No!
Chicano Protest & Patriotism during the Vietnam War

Thursday, September 17th
6:00-8:00pm
Broome 1360



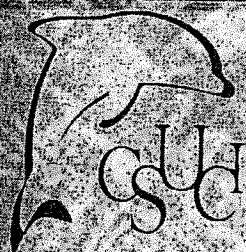
"Ourselves-Our Children: Responsibility and
Respectability across the U.S.-Mexico Borderlands,
1942-1947"

Tuesday, October 13th
3:00-5:00pm
Broome 1360



Author of "¡Ask a Mexican!" and "Orange
County" A Personal History.

Wednesday, November 18th
6:00-8:00pm
Broome 1360



SPONSORED BY IRA,
CME, & THE CENTER
FOR COMMUNITY
ENGAGEMENT

PARKING IS NOT COMPLIMENTARY AND
FOR QUESTIONS PLEASE CONTACT JOSE

PAYEE DATA RECORD

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

STD 204 (Rev. 2-2000)

235

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

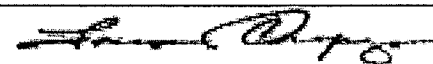
SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	PURPOSE: 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	

2	PAYEE'S BUSINESS NAME Lorena Oropeza
MAILING ADDRESS (Number and Street or P.O. Box Number) 555 Dimm Street	
(CITY, STATE, and ZIP CODE) Richmond CA 94805	

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [][]-[][][][][][][][][][]	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"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER [5][2][6]-[8][3]-[5][5][6][4]	
OWNER'S FULL NAME Lorena Oropeza		

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <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)

5 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) Lorena Oropeza		TITLE Associate Professor
	SIGNATURE 	DATE 9-4-09	TELEPHONE NUMBER 510-234-3925

235

(60202) TK910 240 93001



BIG SHOTS
3201 Corte Malpaso
Suite 307
Camarillo, CA 93012
805-484-9111

Estimate	
Date	Estimate #
10/5/2009	4597

Name / Address
 CSUCI
 Accounts Payable
 One University Drive
 Camarillo, CA 93012-8599

Ship To
 CSUCI Foundation
 One University Drive
 Camarillo, CA 93012-8599

P.O. No.	Terms	Due Date
	Credit Card	10/5/2009

Description	Qty	Cost	Total
Digital UV Poly Print,Matte UV Lamination and Mounted to Black Gator: 11" x 17"	3	20.39	61.17T

Thank you for the opportunity to quote.

Fax 805-484-9116 www.bigshotsdigital.com
gotoBigshots@gmail.com

Estimate is good for 30 days from original date.

Subtotal	\$61.17
Sales Tax (8.25%)	\$5.05
Total	\$66.22

CHARGEBACKS - TPS

Date: 9/24/2009 Period: September-09 JE# _____
 Reason: CHS Guest Speaker Series Accounting Code: 660003-TK910-740-90201-00000-00000
 Originator: Colleen Haws Dept. Budget Approval: *M. M. M.*
 TPS Approval: *[Signature]* Accounting Approval: _____

Account Name	Acct#	Fund	Dept	Program	Project	Debits	Credits
Cash	101006	TG901		0	0	-	
Revenue - Other - shuttle/traffic	580094	TG901	420	0	0		-
See attached breakdown							
420 Others:							
Cash	101006	TG901		0	0	-	
Space/lot Rental	580094	TG901	420	0	0		-
Cash	101006	TG901		0	0	40.00	
Signage	580094	TG901	420	0	0		40.00
Chargeback Total						<u>40.00</u>	<u>40.00</u>

Verified By: _____ Date: _____
 Date: _____

Page 1 of 1

Hi Melissa ~
 This needs to be signed
 by whoever has budget
 signing authority in the History
 department & then sent on to
 Maribeth Badberry in accounting.
 Thanks!
 Colleen x 8433

CHS GUEST SPEAKER SERIES


*9/17/09
signage \$40
email to merissa
per acct stith
9/23/09*

Reference: 2009-AABMYZ
Estimated Number Of Guests: 55
Organization: HISTORY DEPARTMENT
Event Requestor: **Stith, Merissa**



Description: The First Annual Chicano/a Studies Speaker Series seeks to showcase the most cutting edge interdisciplinary research on transnational and transborder issues in relation to Chicano/a-Latino/a identities and communities. The Speaker Series also seeks to build relationships between CSUCI and community partners.

Complete

Task	Assigned By	Comments
 Police & Parking Review Required	Weir, Amber	Open to the public

Mark as Unread

Save Comment

	Date	Start Time	End Time	Location	Resource
Lorena Oropeza	Thu Sep 17 2009	06:00 PM	08:00 PM	BRO1360 Library has priority for this space. If a conflict should arise, Requestor will be notified.	Police & Parking Review Required (1)

All times are local for Pacific Time, U.S.A. (Pacific), Canada (Pacific & Yukon), Mexico (Baja N.).
 Questions? Comments? **Please contact the Webmaster.**