



<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 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:

Project Sponsor/Staff (Name/Phone): Andrea Grove and Trudy Milburn, Center for Community Engagement/ Pattie Mullins-Randall, Support Coordinator

Activity/Event Date(s): Model UN Conferences, October 2008; November 2008

Date Funding Needed By: 1 September 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 checked="" type="checkbox"/> Field Trip |
| <input 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 # 209

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

Assessment submitted for previously Funded Activity: YES NO (occurs in April)

Academic Program or Center Name and Budget Code: Center for Community Engagement, 833

Date of Submission: 13 March 2008

Amount Requested: \$6075.00
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: 15

California State University Channel Islands

2011

MAKE CHECK PAYABLE TO:

Name: Pan American Model United Nations

PeopleSoft Vendor ID: 4902

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

Address 1: Dept of Political Sci, USD

Address 2: 5998 Alcalá Park

City, State Zip: San Diego, CA 92110

Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ 1650

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 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.
Registration fee for IRA funded activity, Model United Nations. Vendor is already in database. Please see attached IRA proposal. <input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

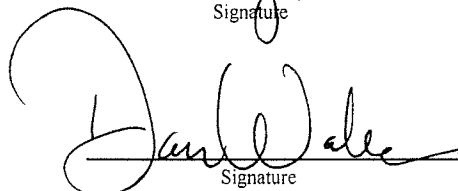
Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
660009	TK910	833	90207			\$1,650.00
Total						\$1,650.00

Requested Mary Devins x3253
Printed Name & Extension


Signature

10/28/08
Date

Approved by: Dan Wakelee
Printed Name


Signature

10/28/08
Date

241

Pan American Model United Nations

INVOICE # 3229
DATE: OCTOBER 20, 2008

TO California State University, Channel Islands
One University Drive
Camarillo, CA 93012
andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
AmWest	November 22-25, 2008	Due on Receipt	November 8 for to Retain Assigned Countries

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee	\$150	\$150.00
15	Delegate/Advisor Fees	\$100	\$1500.00

PLEASE REMIT PAYMENT TO: MARY M. MCKENZIE
DEPT. OF POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO
5998 ALCALA PARK SAN DIEGO, CA 92110

SUBTOTAL	\$1650.00
SALES TAX	N/A
TOTAL	\$1650.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.

RECEIPT

Pan American Model United Nations

241

INVOICE # 2205
DATE: MARCH 17, 2008

TO California State University, Channel Islands
One University Drive
Camarillo, CA 93012
andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
AmPac	April 10-13, 2008	Due on Receipt	March 10 for Early Bird Registration Rates

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee (\$200.00 after March 10 th)	\$150.00	\$150.00
17	Delegate/Advisor Fees (\$125.00 each after March 10 th)	\$90.00	\$1530.00

PLEASE REMIT PAYMENT TO: MARY M. MCKENZIE
DEPT. OF POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO
5998 ALCALA PARK SAN DIEGO, CA 92110

SUBTOTAL	\$1680.00
SALES TAX	N/A
TOTAL	\$1680.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.

INVOICE

4902

241

Pan American Model United Nations

INVOICE # 3202
DATE: SEPTEMBER 1, 2008

TO California State University, Channel Islands
One University Drive
Camarillo, CA 93012
andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
CALMUN	October 25, 2008	Due on Receipt	October 11 for to Retain Assigned Countries

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee	\$45.00	\$45.00
17	Delegate/Advisor Fees	\$45.00	\$425.00

PLEASE REMIT PAYMENT TO: MARY M. MCKENZIE
DEPT. OF POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO
5998 ALCALA PARK SAN DIEGO, CA 92110

SUBTOTAL	\$470.00
SALES TAX	N/A
TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.



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: *ZUH*

Name: Pan American Model United Nations

Address 1: Dept of Political Sci, USD

Address 2: 5998 Alcalá Park

City, State Zip: San Diego, CA 92110

PeopleSoft Vendor ID: 4902

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 \$ 470.00

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 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.

Registration fee for IRA funded activity, Model United Nations. Vendor is already in database. Please see attached IRA proposal.

PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
660009	TK910	833	90207			\$470.00
Total						\$470.00

Requested Mary Devins x3253
Printed Name & Extension

Signature

9/9/08
Date

Approved by: Dan Wakelee
Printed Name

Signature

9/9/08
Date



California State University Channel Islands
Check Request Form

241

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

MAKE CHECK PAYABLE TO:

Name: Pan American Model United Nations

PeopleSoft Vendor ID: 4902

Address 1: Dept of Political Sci, USD

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

Address 2: 5998 Alcalá Park

Check will be:

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

City, State Zip: San Diego, CA 92110

Description as it should appear on reports (30 characters)

Amount \$ \$340

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 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.

Correction to previously paid invoice. The second line item on previously paid invoice was for 17 Delegate/Advisor Fees at \$45 each and should have totalled out to \$765 not \$425. The balance we now owe is \$340. The additional invoice is attached.

PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
660009	TK910	833	90207			\$340.00
Total						\$340.00

Requested Mary Devins x3253
Printed Name & Extension

Mary Devins
Signature

12/8/08
Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee
Signature

12/9/08
Date



Pan American Model United Nations
 c/o Mary McKenzie, Political Science Department
 University of San Diego, 5998 Alcalá Park
 San Diego, CA 92110

Invoice No.

1501

Invoice

Customer

Name CSUCI
 Address _____
 City _____ State _____ ZIP _____
 Phone _____

Misc

Date 11/18/2008

Qty	Description	Unit Price	TOTAL
17	Delegate Fee for AmWest	\$ 45.00	\$ 765.00
1	Advisor Fee	\$ 45.00	\$ 45.00

SubTotal	\$	810.00
Amount Paid	\$	470.00
Amount Due	\$	340.00

Payment

Comments _____
 Name _____
 CC # _____
 Expires _____

Please note that your country assignments are not final until payment or proof of payment of the institution fee. The remainder of your fees are payable two weeks prior to the conference, or your seats may be reassigned. You will be expected to pay for all seats assigned to your school.

INVOICE

Pan American Model United Nations

INVOICE # 3202
DATE: SEPTEMBER 1, 2008

TO California State University, Channel Islands
One University Drive
Camarillo, CA 93012
andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
CALMUN	October 25, 2008	Due on Receipt	October 11 for to Retain Assigned Countries

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee	\$45.00	\$45.00
17	Delegate/Advisor Fees	\$45.00	\$425.00

45.00
765.00

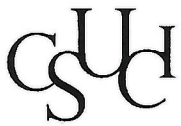
810.00

Mary - This is the invoice we paid - you can see the error on the delegate/ advisor fees

PLEASE REMIT PAYMENT TO:
DEPT. OF POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO
5998 ALCALA PARK SAN DIEGO, CA 92110

SUBTOTAL	\$470.00
SALES TAX	N/A
TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.



California State University Channel Islands Check Request Form

2411

Received
2008 NOV 25 P 12:03

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

MAKE CHECK PAYABLE TO:

Name: Pan American Model United Nations

PeopleSoft Vendor ID: 4902

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

Address 1: Dept of Political Sci, USD

Address 2: 5998 Alcalá Park

City, State Zip: San Diego, CA 92110

Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$295

*slw May 11-26
checking
on invoice
amount*

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

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

* 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.

Sent new ok request

Description and/or explanation of payment.

Correction to previously paid invoice. The second line item on previously paid invoice was for 17 Delegate/Advisor Fees at \$45 each and should have totalled out to \$765 not \$425.

PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
660009	TK910	833	90207			\$295.00
Total						\$295.00

Requested Mary Devins x3253
Printed Name & Extension

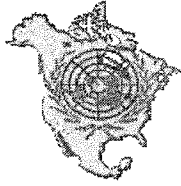
Mary Devins
Signature

10/29/08
Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee
Signature

10/29/08
Date



Pan American Model United Nations
 c/o Mary McKenzie, Political Science Department
 University of San Diego, 5998 Alcalá Park
 San Diego, CA 92110

Invoice No. 1501

Receipt

Customer

Name CSUCI
 Address _____
 City _____ State _____ ZIP _____
 Phone _____

Misc

Date 10/25/2008

Qty	Description	Unit Price	TOTAL
1	Institution Fee - CALMUN, Oct. 25	\$ 45.00	\$ 45.00 ✓
14	Delegate Fee for AmWest	\$ 45.00	\$ 630.00 ✓
2	Advisor Fee	\$ 45.00	\$ 90.00 ✓

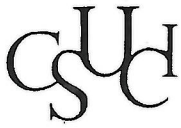
May,
 This is →
 the balance we
 owe for Oct
 25. Could you
 please process?
 Thank you,
 Abigail

Payment

Comments _____
 Name _____
 CC # _____
 Expires _____

SubTotal \$ 765.00 ✓
 Amount Paid \$ 470.00 ✓
 Amount Due \$ 295.00 ✓

Please note that your country assignments are not final until payment or proof of payment of the institution fee. The remainder of your fees are payable two weeks prior to the conference, or your seats may be reassigned. You will be expected to pay for all seats assigned to your school.



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

241

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

CSUCI Accounting

MAKE CHECK PAYABLE TO:

Name: Pan American Model United Nations
 Address 1: Dept of Political Sci, USD
 Address 2: 5998 Alcalá Park
 City, State Zip: San Diego, CA 92110

PeopleSoft Vendor ID: 4902
 Note: **New vendors must complete a Form 204**

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 Picked up from Cashier - Ext _____

Description as it should appear on reports (30 characters)

Amount \$ \$295

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 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) |
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Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
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Total						\$295.00

Requested Mary Devins x3253
 Printed Name & Extension

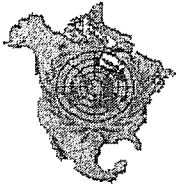
Mary Devins
 Signature

10/29/08
 Date

Approved by: Dan Wakelee
 Printed Name

Dan Wakelee
 Signature

10/29/08
 Date



Pan American Model United Nations
 c/o Mary McKenzie, Political Science Department
 University of San Diego, 5998 Alcalá Park
 San Diego, CA 92110

Invoice No. 1501

Receipt

Customer

Name CSUCI
 Address _____
 City _____ State _____ ZIP _____
 Phone _____

Misc

Date 10/25/2008

Qty	Description	Unit Price	TOTAL
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14	Delegate Fee for AmWest	\$ 45.00	\$ 630.00
2	Advisor Fee	\$ 45.00	\$ 90.00

Mary,
 This is →
 the balance we
 owe for Oct
 25. Could you
 please process?
 Thank you,
 Abbie

Payment

Comments _____
 Name _____
 CC # _____
 Expires _____

SubTotal \$ 765.00
 Amount Paid \$ 470.00

Amount Due \$ 295.00

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Pan American Model United Nations

INVOICE # 3202
DATE: SEPTEMBER 1, 2008

TO California State University, Channel Islands
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Camarillo, CA 93012
andrea.grove@csuci.edu

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Mary - This is the invoice we paid - you can see the error on the delegate/ advisor fees

PLEASE REMIT PAYMENT TO:
DEPT. OF POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO
5998 ALCALA PARK SAN DIEGO, CA 92110

SUBTOTAL	\$470.00
SALES TAX	N/A
TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.



C.I.T # _____

TRAVEL EXPENSE CLAIM (TEC)

241

Must be submitted within 30 days of the end of travel

 Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

TRAVELER'S NAME Andrea Grove		RESIDENCE ADDRESS 353 Anacapa Island Drive		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 437-3124	
DEPARTURE DATE 10/24/08		DEPARTURE TIME (AM/PM) 8am		RETURN DATE 10/25/08	
RETURN TIME (AM/PM) 8pm		FORM PREPARED BY: Mary Devins		EXTENSION 3253	
DELIVERY OPTIONS SELECT ONE: <input type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check					

SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
		NA		NA		NA					0.00		0.00

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
10/25/08		799.68				N/A				10.00	0.00		809.68
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00

SUBTOTAL		\$799.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$10.00	0	\$0.00	\$0.00	809.68
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														0.00

LESS ANY OTHER ADJUSTMENTS	Comments: IRA funded event. IRA Proposal attached.													
AMOUNT DUE TRAVELER													\$809.68	

Source of Funding: (Please verify chartfields before submitting to AP)						
Account	Fund	Dept	Program	Class	Project	Amount
* 606803						1000 809.68
606001	TK910	833	90207			

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

Total Amount \$0.00

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The Califor	NORMAL WORK DAYS & HOURS
	PRIVATE VEHICLE LICENSE
	MILEAGE RATE CLAIMED 0.585 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME Andrea Grove	CLAIMANT'S SIGNATURE <i>Andrea Grove</i>	DATE 26 Nov 2008
MANAGER'S PRINTED NAME Dan Wakelee, Associate Dean	MANAGER'S SIGNATURE <i>Dan Wakelee</i>	DATE 12/2/08
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)	DIVISION APPROVAL SIGNATURE	DATE
GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)	GRANTS/CONTRACTS ANALYST SIGNATURE	DATE

241



Andrea Grove
353 Anacapa Island Dr
Camarillo, CA 93012

Room No. 137
Arrival 10-24-08
Departure 10-25-08
Page No. 1 of 1
Folio No.
Cashier No. 117

INFORMATION INVOICE

A/R Number
Group Code 081025CAMO
Company Name CA Model United Nations

Date	Text	Charges	Credits
10-24-08	Room Charge	119.00	
10-24-08	Room Tax -12%	14.28	
<i>Balance</i>			133.28

Guest Signature
I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association, company or association fails to pay for any portion or the full amount of these charges.

241



Andrea Grove
353 Anacapa Island Dr
Camarillo, CA 93012

Room No. 139
Arrival 10-24-08
Departure 10-25-08
Page No. 1 of 1
Folio No. 202701
Cashier No. 135

INFORMATION INVOICE

A/R Number
Group Code 081025CAMO
Company Name CA Model United Nations

Date	Text	Charges	Credits
10-24-08	Amber Waves Dinner	64.68	
	#139 : CHECK #2552		
10-24-08	Room Charge	119.00	
10-24-08	Room Tax -12%	14.28	
10-25-08	Room Service Breakfast	12.54	
	#139 : CHECK #2886		
10-25-08	American Express		210.50
	XXXXXXXXXXXX1003 XX/XX		
Balance			0.00

Guest Signature

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association, company or association fails to pay for any portion or the full amount of these charges.

241



R E S O R T H O T E L

Andrea Grove
353 Anacapa Island Dr
Camarillo, CA 93012

Room No. 217
Arrival 10-24-08
Departure 10-25-08
Page No. 1 of 1
Folio No.
Cashier No. 117

INFORMATION INVOICE

A/R Number
Group Code
Company Name CA Model United Nations

Date	Text	Charges	Credits
10-24-08	Room Charge	119.00	
10-24-08	Room Tax -12%	14.28	
		Balance	133.28

Guest Signature

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association, company or association fails to pay for any portion or the full amount of these charges.

241



Andrea Grove
353 Anacapa Island Dr
Camarillo, CA 93012

Room No. 221
Arrival 10-24-08
Departure 10-25-08
Page No. 1 of 1
Folio No.
Cashier No. 117

INFORMATION INVOICE

A/R Number
Group Code
Company Name CA Model United Nations

Date	Text	Charges	Credits
10-24-08	Room Charge	119.00	
10-24-08	Room Tax -12%	14.28	
		Balance	133.28

Guest Signature

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association, company or association fails to pay for any portion or the full amount of these charges.

241



Andrea Grove
353 Anacapa Island Dr
Camarillo, CA 93012

Room No. 233
Arrival 10-24-08
Departure 10-25-08
Page No. 1 of 1
Folio No.
Cashier No. 117

INFORMATION INVOICE

A/R Number
Group Code 081025CAMO
Company Name CA Model United Nations

Date	Text	Charges	Credits
10-24-08	Room Charge	119.00	
10-24-08	Room Tax -12%	14.28	
10-24-08	Parking	10.00	
		Balance	143.28

Guest Signature

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association, company or association fails to pay for any portion or the full amount of these charges.

241

Knott's
BERRY FARM
RESORT HOTEL

Andrea Grove
353 Anacapa Island Dr
Camarillo, CA 93012

Room No. 235
Arrival 10-24-08
Departure 10-25-08
Page No. 1 of 1
Folio No. 202720
Cashier No. 2

COPY OF INVOICE

A/R Number
Group Code 081025CAMO
Company Name CA Model United Nations

0-24-08	Room Charge	119.00	
0-24-08	Room Tax -12%	14.28	
0-25-08	American Express		133.28
	XXXXXXXXXXXX3002 XX/XX		
Balance			0.00

Guest Signature

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, association, company or association fails to pay for any portion or the full amount of these charges.



C.I.T # _____

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

241

 Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

TRAVELER'S NAME Andrea Grove		RESIDENCE ADDRESS 353 Anacapa Island Drive		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 437-3124	
DEPARTURE DATE 11/21/08		DEPARTURE TIME (AM/PM) 5pm		RETURN DATE 11/25/08	
RETURN TIME (AM/PM) 8pm		FORM PREPARED BY: Mary Devins		EXTENSION 3253	
DELIVERY OPTIONS SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>					

SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
		NA		NA		NA					0.00		0.00

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
11/21/08	Las Vegas Model UN	2485.20				N/A		0.00		0.00		0.00	2485.20
11/22/08			0.00	0.00	0.00		0.00					0.00	0.00
11/23/08			0.00	0.00	0.00							0.00	0.00
11/24/08			0.00	0.00	0.00							0.00	0.00
11/25/08		0.00	0.00	0.00	0.00					0	0.00		0.00
												0.00	0.00
												0.00	0.00

SUBTOTAL	\$2,485.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	2485.20
----------	------------	--------	--------	--------	--------	--------	--------	--------	--------	---	--------	--------	---------

LESS AMOUNT PREVIOUSLY PAID BY CSUCI							0.00						
LESS ANY OTHER ADJUSTMENTS	Comments: IRA funded event. IRA Proposal attached.												

AMOUNT DUE TRAVELER **\$2,485.20**

Source of Funding: (Please verify chartfields before submitting to AP)

Account	Fund	Dept	Program	Class	Project	Amount
* 606803						0.00
606001	Tk910	833	90207	000000		2485.20
000000	00000	000	000000	000000		0.00

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim	Total Amount	\$2,485.20
---	--------------	-------------------

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The Califor

NORMAL WORK DAYS & HOURS
PRIVATE VEHICLE LICENSE
MILEAGE RATE CLAIMED 0.585 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME Andrea Grove	CLAIMANT'S SIGNATURE 	DATE 11-26-08
MANAGER'S PRINTED NAME Dan Wakelee, Associate Dean	MANAGER'S SIGNATURE 	DATE 12/2/08
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)	DIVISION APPROVAL SIGNATURE	DATE
GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)	GRANTS/CONTRACTS ANALYST SIGNATURE	DATE

EMBASSY SUITES LAS VEGAS
4315 SWENSON STREET
LAS VEGAS, NV 89119
(702) 795-2800

241

GROVE, ANDREA
353 ANACAPA ISLAND DRIVE
CAMARIOLO, CA 93012
US

319/TDBN
11/21/08 2:57PM
11/25/08

4/0

C-MUN

RATE PLAN
HH#
AL:
CAR:

CONFIRMATION NUMBER : 82314388

11/25/08 PAGE 1

11/21/08	1836096	GUEST ROOM	\$114.00
11/21/08	1836096	OCCUPANCY TAX	\$10.26
11/22/08	1836295	GUEST ROOM	\$114.00
11/22/08	1836295	OCCUPANCY TAX	\$10.26
11/23/08	1836503	GUEST ROOM	\$114.00
11/23/08	1836503	OCCUPANCY TAX	\$10.26
11/24/08	1836789	GUEST ROOM	\$114.00
11/24/08	1836789	OCCUPANCY TAX	\$10.26
		** BALANCE **	\$497.04

395928 B

EMBASSY SUITES LAS VEGAS
4315 SWENSON STREET
LAS VEGAS, NV 89119
(702) 795-2800

GROVE, ANDREA
353 ANACAPA ISLAND DRIVE
CAMARIOLO, CA 93012
US

317/TDBN
11/21/08 2:55PM
11/25/08
4/0
114.00 C-MUN

RATE PLAN
HH#
AL:
CAR:

CONFIRMATION NUMBER : 82314388

11/25/08 PAGE 1

11/21/08	1836094	GUEST ROOM	\$114.00
11/21/08	1836094	OCCUPANCY TAX	\$10.26
11/22/08	1836293	GUEST ROOM	\$114.00
11/22/08	1836293	OCCUPANCY TAX	\$10.26
11/23/08	1836501	GUEST ROOM	\$114.00
11/23/08	1836501	OCCUPANCY TAX	\$10.26
11/24/08	1836787	GUEST ROOM	\$114.00
11/24/08	1836787	OCCUPANCY TAX	\$10.26
		** BALANCE **	\$497.04

400500 B

EMBASSY SUITES LAS VEGAS
4315 SWENSON STREET
LAS VEGAS, NV 89119
(702) 795-2800

241

GROVE, ANDREA
353 ANACAPA ISLAND DRIVE

CAMARIOLO, CA 93012
US

318/TDBN
11/21/08 2:55PM
11/25/08

4/0
114.00 C-MUN

RATE PLAN
HH#
AL:
CAR:

CONFIRMATION NUMBER : 82314388

11/25/08 PAGE 1

11/21/08	1836095	GUEST ROOM	\$114.00
11/21/08	1836095	OCCUPANCY TAX	\$10.26
11/22/08	1836294	GUEST ROOM	\$114.00
11/22/08	1836294	OCCUPANCY TAX	\$10.26
11/23/08	1836502	GUEST ROOM	\$114.00
11/23/08	1836502	OCCUPANCY TAX	\$10.26
11/24/08	1836788	GUEST ROOM	\$114.00
11/24/08	1836788	OCCUPANCY TAX	\$10.26

** BALANCE ** \$497.04

400505 B

241

EMBASSY SUITES LAS VEGAS
4315 SWENSON STREET
LAS VEGAS, NV 89119
(702) 795-2800

GROVE, ANDREA
353 ANACAPA ISLAND DRIVE

CAMARIOLO, CA 93012
US

320/TDBN
11/21/08 2:59PM
11/25/08

3/0
114.00 C-MUN

RATE PLAN
HH#
AL:
CAR:

CONFIRMATION NUMBER : 82314388

11/25/08 PAGE 1

11/21/08	1836097	GUEST ROOM	\$114.00
11/21/08	1836097	OCCUPANCY TAX	\$10.26
11/22/08	1836296	GUEST ROOM	\$114.00
11/22/08	1836296	OCCUPANCY TAX	\$10.26
11/23/08	1836504	GUEST ROOM	\$114.00
11/23/08	1836504	OCCUPANCY TAX	\$10.26
11/24/08	1836790	GUEST ROOM	\$114.00
11/24/08	1836790	OCCUPANCY TAX	\$10.26
** BALANCE **			\$497.04

400504 B

241

EMBASSY SUITES LAS VEGAS
4315 SWENSON STREET
LAS VEGAS, NV 89119
(702) 795-2800

GROVE, ANDREA
353 ANACAPA ISLAND DRIVE
CAMARIOLO, CA 93012
US

619/TDBN
11/21/08 10:42AM
11/25/08
1/0
114.00 C-MUN

RATE PLAN
HH#
AL:
CAR:

CONFIRMATION NUMBER : 82314388

11/25/08 PAGE 1

11/21/08	1836157	GUEST ROOM	\$114.00
11/21/08	1836157	OCCUPANCY TAX	\$10.26
11/22/08	1836367	GUEST ROOM	\$114.00
11/22/08	1836367	OCCUPANCY TAX	\$10.26
11/23/08	1836570	GUEST ROOM	\$114.00
11/23/08	1836570	OCCUPANCY TAX	\$10.26
11/24/08	1836736	3 PALMS CAFE	\$19.31
11/24/08	1836828	GUEST ROOM	\$114.00
11/24/08	1836828	OCCUPANCY TAX	\$10.26
11/25/08	1836863	AX *3002	(\$516.35)

Can subtract this -
Billing for meals
from CCE budget

** BALANCE **

\$0.00

(497.09)

241



<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:

Project Sponsor/Staff (Name/Phone): Andrea Grove and Trudy Milburn, Center for Community Engagement/ Pattie Mullins-Randall, Support Coordinator

Activity/Event Date(s): Model UN Conferences, October 2008; November 2008

Date Funding Needed By: 1 September 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:

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

Previously Funded: YES NO Yes, Request # 209

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

Assessment submitted for previously Funded Activity: YES NO (occurs in April)

Academic Program or Center Name and Budget Code: Center for Community Engagement, 833

Date of Submission: 13 March 2008

Amount Requested: \$6075.00
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: 15

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.

Model UN events are academic conferences for students that provide students with a unique opportunity to develop an understanding of the complexity of specific issue-areas in global politics. Benefits for students include skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. Students are also able to interact with a diverse range of students from around the region. These are all qualities that benefit any major, as well as more specifically related political science majors, communications majors and global studies minors. However, we plan to encourage interdisciplinarity in the team, and as part of the application and selection process will choose a team from across the curriculum. We now have a team and will open participation again in the fall. Students will be able to get credit in POLS 490.

This application is for funding to take students to two Model UN events in the fall in the southern California region: the CALMUN Anaheim-Disneyland Conference in late October and the American-West conference November 20-23. The budget below is estimated for fifteen students.

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.

This fall (2008) students from any major can take Model UN as a course by enrolling in POLS 490. Model UN is integrally related to POLS 329, International Law and Organizations, which is offered most academic years. In addition, the subject matter for all Model UN conferences is germane to POLS 103, Introduction to International Relations (offered every semester). Further, it is related to the subject matter in COMM 320, Persuasion & Argumentation, and COMM 430, Political Communication, which will be taught in Fall 2008.

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.**

As noted, the primary educational goals for participation in Model UN are skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. As part of a project in progress for publication, I (with two colleagues) have developed an instrument to assess the Model UN experience. This instrument will be used to survey students on how well the experiences match the goals established.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

The main areas for which funding is needed are registration fees and hotel costs when relevant. Students will pay for their own transportation and food.

October conference:

Hotel fees: Delegates will need to stay one night because the conference begins in Anaheim at 7:00 am. Room price is approximately \$130.00 for four people; estimated need for six rooms to accommodate the male-female mix and the advisors.

--\$780.00

Registration fees: \$75.00 per student and advisors (earlybird fee)

--\$1275.00

November conference:

Hotel fees: This conference runs November 20-23; Estimated room price at \$130.00 per night (3 nights) for four people x 6 rooms (see above)

--\$2340.00

Registration fees: \$90.00 per student and advisors (earlybird fee); \$150 institution fee

--\$1680.00

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

The Center for Community Engagement requested a small amount of funding, but we will not know if that budget is funded until late summer.

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

Julia K. [Signature] *[Signature]* 11 March 08
Project Sponsor Date

[Signature] 3-13-08
Program Chair/Director Date

A. [Signature] 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

I. Operating Expense Budget

- A. Supplies _____
- B. Vendor Printing _____
- C. In-State Travel Hotel fees \$3120
- D. Out-of-State Travel _____
- E. Equipment Rental _____
- F. Equipment Purchase _____
- G. Contracts/Independent Contractors _____
- H. Honorarium _____
- I. OPC Chargeback _____
- J. Copier Chargeback _____
- K. Other (Please Specify) Registration fees \$2955

TOTAL Expenses \$6075.00

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)	_____
E. Requested Allocation from IRA	\$6075
 Total Revenue	 \$6075 _____



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

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

MAKE CHECK PAYABLE TO:

Name: Pan American Model United Nations

PeopleSoft Vendor ID: 4902

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

Address 1: Dept of Political Sci, USD

Address 2: 5998 Alcala Park

City, State Zip: San Diego, CA 92110

Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$295

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 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.
Correction to previously paid invoice. The second line item on previously paid invoice was for 17 Delegate/Advisor Fees at \$45 each and should have totalled out to \$765 not \$425.
<input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
660009	TK910	833	90207			\$295.00
Total						\$295.00

Requested Mary Devins x3253
Printed Name & Extension

Signature

10/29/08
Date

Approved by: Dan Wakelee
Printed Name

Signature

10/29/08
Date

241

INVOICE

Pan American Model United Nations

INVOICE # 3202
DATE: SEPTEMBER 1, 2008

TO California State University, Channel Islands
One University Drive
Camarillo, CA 93012
andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
CALMUN	October 25, 2008	Due on Receipt	October 11 for to Retain Assigned Countries

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee	\$45.00	\$45.00
17	Delegate/Advisor Fees	\$45.00	\$425.00

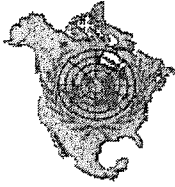
Mary - This is the invoice we paid - you can see the error on the delegate/ advisor fees

PLEASE REMIT PAYMENT TO:
DEPT. OF POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO
5998 ALCALA PARK SAN DIEGO, CA 92110

SUBTOTAL	\$470.00
SALES TAX	N/A
TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.

241



Pan American Model United Nations
c/o Mary McKenzie, Political Science Department
University of San Diego, 5998 Alcalá Park
San Diego, CA 92110

Invoice No.

1501

Receipt

Customer

Name CSUCI
Address _____
City _____ State _____ ZIP _____
Phone _____

Misc

Date 10/25/2008

Qty	Description	Unit Price	TOTAL
1	Institution Fee - CALMUN, Oct. 25	\$ 45.00	\$ 45.00
14	Delegate Fee for AmWest	\$ 45.00	\$ 630.00
2	Advisor Fee	\$ 45.00	\$ 90.00

May,
This is →
the balance we
owe for Oct
25. Could you
please process?
Thank you,
Ashlea

SubTotal \$ 765.00
Amount Paid \$ 470.00

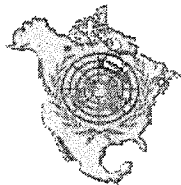
Amount Due \$ 295.00

Payment

Comments _____
Name _____
CC # _____
Expires _____

Please note that your country assignments are not final until payment or proof of payment of the institution fee. The remainder of your fees are payable two weeks prior to the conference, or your seats may be reassigned. You will be expected to pay for all seats assigned to your school.

2491



Pan American Model United Nations
c/o Mary McKenzie, Political Science Department
University of San Diego, 5998 Alcalá Park
San Diego, CA 92110

Invoice No. 1501

Receipt

Customer

Name CSUCI
Address
City State ZIP
Phone

Misc

Date 11/22/2008

Qty	Description	Unit Price	TOTAL
1	Institution Fee - AmWest	\$ 150.00	\$ 150.00
15	Delegate Fee for AmWest	\$ 100.00	\$ 1,500.00

SubTotal \$ 1,650.00
Amount Paid \$ 1,650.00

Payment

Comments Thank you!
Name
CC #
Expires

Amount Due \$ -

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AGREEMENT TO PAY CLAIMS**

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Participant Name: Carlin Ewing Date: 10/20/08

Signature: Carlin Ewing

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

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Participant Name: Alexander See Date: 10-20-2008

Signature: Alexander See

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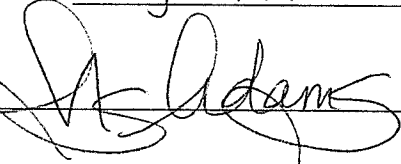
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Signature: 

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Participant Name: Kyle Dewes Date: 10-20-08

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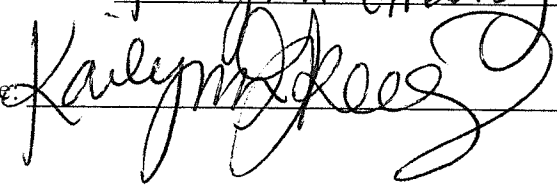
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Participant Name: Kailynn Greeley Date: 10/20/08

Signature: 

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Participant Name: Kern Seng Aert Date: 10/20/08

Signature: [Handwritten Signature]

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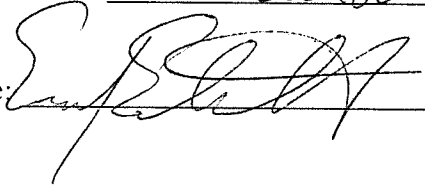
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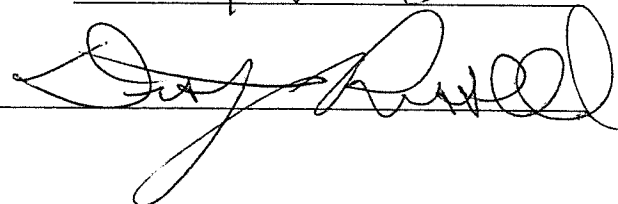
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Participant Name: Dusty Russell Date: 10-20-08

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: American West Model United Nations conference
Activity Date(s) and Time(s): 21-25Nov 08; night of Nov 21; Nov 22-10:30am Nov 25
Activity Location/Facility: Embassy Suites, Las Vegas, NV

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Participant Name: Amelia Gorman Date: 10/20/08

Signature: 

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Fax 805-437-8424

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Participant Name: Luis Echevarria Date: 10/20/08

Signature: 

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Participant Name: Casey Penn Date: 10-20-08

Signature: 

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Fax 805-437-8424

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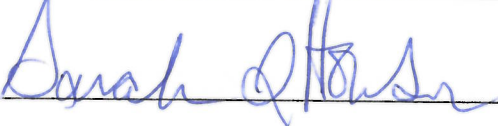
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Participant Name: Sarah Houser Date: 10/20/08

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

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RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: CALMUN Fall conference, Buena Park, CA

Activity Date(s) and Time(s): Oct 24-25, 2008; night of Oct 24; 8am-5pm Oct 25

Activity Location/Facility: Knott's Berry Farm Resort Hotel, Buena Park, CA

In consideration for being allowed to participate in this Activity, I agree to release and waive my right to sue the State of California, the Trustees of State University, Channel Islands and their "University") from any and all claims, including illness (including death) or economic loss including any travel to and from the Activity.

Mary,
Here are the forms for each model UN event in Fall 08.
Thanks,
Andrea

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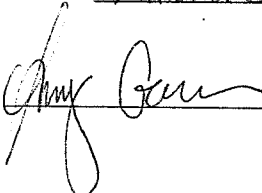
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Participant Name: Amelia Gorman Date: 10/20/08

Signature: 

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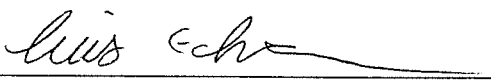
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Participant Name: Luis Echevarria Date: 10/20/08

Signature: 

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Participant Name: Alexande See Date: 10/20/2008

Signature: Alexande See

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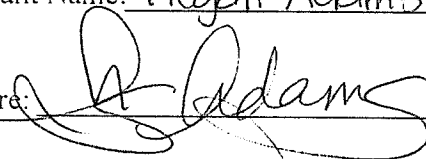
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Participant Name: Megan Adams Date: 10.20.08

Signature: 

One University Drive
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Tel 805-437-8400
Fax 805-437-8424

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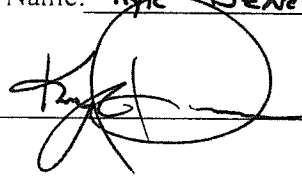
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Participant Name: Kyle Denes Date: 10-20-08

Signature: 

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Participant Name: Kevin Sewall Date: 10/29/08

Signature: 

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Participant Name: ~~Margos~~ *Margos Hayrdin* Date: *10/20/08*

Signature: *Margos Hayrdin*

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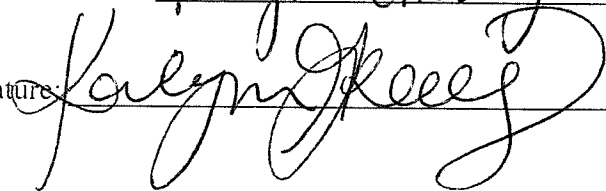
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Participant Name: Kaitlyn Greeley Date: 10/20/08

Signature: 

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Participant Name: Carlin Ewing Date: 10/20/08

Signature: Carlin Ewing

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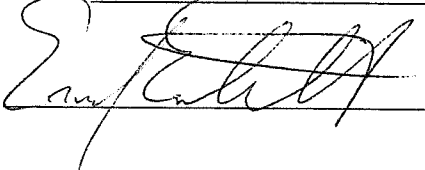
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Participant Name: Eric Schstaedt Date: 10/20/08

Signature: 

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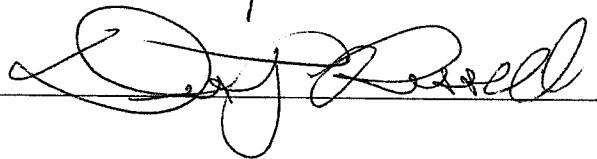
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Participant Name: Dusty Russell Date: 10-20-08

Signature: 

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Participant Name: Chelsee Bente Date: 10/20/08

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Participant Name: Sarah Houser Date: 10/20/08

Signature: Sarah Houser

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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.

Model UN events are academic conferences for students that provide students with a unique opportunity to develop an understanding of the complexity of specific issue-areas in global politics. Benefits for students include skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. Students are also able to interact with a diverse range of students from around the region. These are all qualities that benefit any major, as well as more specifically related political science majors, communications majors and global studies minors. However, we plan to encourage interdisciplinarity in the team, and as part of the application and selection process will choose a team from across the curriculum. We now have a team and will open participation again in the fall. Students will be able to get credit in POLS 490.

This application is for funding to take students to two Model UN events in the fall in the southern California region: the CALMUN Anaheim-Disneyland Conference in late October and the American-West conference November 20-23. The budget below is estimated for fifteen students.

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.

This fall (2008) students from any major can take Model UN as a course by enrolling in POLS 490. Model UN is integrally related to POLS 329, International Law and Organizations, which is offered most academic years. In addition, the subject matter for all Model UN conferences is germane to POLS 103, Introduction to International Relations (offered every semester). Further, it is related to the subject matter in COMM 320, Persuasion & Argumentation, and COMM 430, Political Communication, which will be taught in Fall 2008.

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.**

As noted, the primary educational goals for participation in Model UN are skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. As part of a project in progress for publication, I (with two colleagues) have developed an instrument to assess the Model UN experience. This instrument will be used to survey students on how well the experiences match the goals established.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

The main areas for which funding is needed are registration fees and hotel costs when relevant. Students will pay for their own transportation and food.

October conference:

Hotel fees: Delegates will need to stay one night because the conference begins in Anaheim at 7:00 am. Room price is approximately \$130.00 for four people; estimated need for six rooms to accommodate the male-female mix and the advisors.

--\$780.00

Registration fees: \$75.00 per student and advisors (earlybird fee)

--\$1275.00

November conference:

Hotel fees: This conference runs November 20-23; Estimated room price at \$130.00 per night (3 nights) for four people x 6 rooms (see above)

--\$2340.00

Registration fees: \$90.00 per student and advisors (earlybird fee); \$150 institution fee




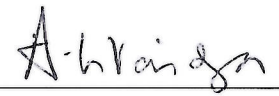
--\$1680.00

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

The Center for Community Engagement requested a small amount of funding, but we will not know if that budget is funded until late summer.

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

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

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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	Hotel fees \$3120
D. Out-of-State Travel	_____
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____
H. Honorarium	_____
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	Registration fees \$2955
TOTAL Expenses	\$6075.00

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) _____
- E. **Requested Allocation
from IRA** **\$6075**

Total Revenue \$6075 _____