



<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: Mathematics Seminars

Project Sponsor/Staff: Cindy Wyels, x3260; Support Personnel: Karen Gundelfinger, x8815

Activity/Event Date(s): weekly events throughout F’08 and S’09

Date Funding Needed By: F’08

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

- | | |
|---|---|
| <input type="checkbox"/> Equipment Purchase | <input type="checkbox"/> Field Trip |
| X 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, |
| <input type="checkbox"/> Space/OPC Requirements | Spring 10/15) |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

Previously Funded: YES Request # 0180

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

Assessment submitted for previously Funded Activity: will be submitted upon completion of Activity (last event is May 8, 2008).

Academic Program or Center Name and Budget Code: Mathematics, 750

Date of Submission: March 14, 2008

Amount Requested: \$4000
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: ~800, counting repeated participation; average attendance ranges from 20 – 30 with highs up to 60.

Application
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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
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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.

"Mathematics Seminar" consists of a series of invited lectures on contemporary mathematics. Presenters include CSUCI students and faculty as well as a large number of invited speakers per year. Topics are chosen from mathematics education, mathematics research and interdisciplinary applications of mathematics. Recent presentation topics have included applications of mathematics (tensors) to medical research and to better understanding quantum mechanics, a statistical model to investigate program effectiveness in decreasing negative behaviors associated with (national) on-campus alcohol use, radio labeling of graphs, stochastic modeling of chemical reactions, and industrial mathematics, among many others. Seminars are publicized and open to the entire campus and to the local community. We have between 20 and 60 participants in each seminar, which translates to roughly 400 students each semester. We request the funds to be able to cover costs (lodging, travel, etc.) and pay honoraria to our invited speakers during AY08-09.

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 related to the program proposed.

Students taking MATH 399 are the primary beneficiaries of these funds. However, other students with an interest in mathematics and in the applications of mathematics to other fields (e.g. to other sciences, including social sciences) also attend as interest dictates. In addition, students in MATH 492, MATH 497, UNIV 498, and LS 492 attend some seminars and use the seminar for the capstone presentations.

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.**

Mathematics Seminar uses attendance at seminars and student evaluations for MATH 399, MATH 492, MATH 497, and UNIV 498, and for LS 492 as appropriate to determine whether the program has attained its educational goals. We also use the feedback obtained from distinguished presenters to assess whether we have been good hosts.

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

We use a range of speakers: some travel from out-of-state or out-of-country, others arrive from universities and companies within driving distance, and some are from CSUCI. We request these funds to

Instructional Related Activities
Report Form

250

SPONSOR	DEPARTMENT
Jorge Garcia, x2769, Cindy Wyels x3260	Mathematics

ACTIVITY TITLE	DATE (S) OF ACTIVITY
Math Exchange with University of Hidalgo Mexico (UNIV 392)	Spring Semester '08 and May 19 – 28, 2008

PLEASE EXPLAIN (1) DESCRIPTION OF ACTIVITY; (2) HOW DID THE ACTIVITY RELATE TO A COURSE(S); AND (3) WHAT YOU LEARNED FROM THE PROCESS.

1) Nine students (majoring in Mathematics, Psychology, Spanish and History) traveled to the city of Pachuca in Mexico. During S'08 students created academic/ research presentations; during the trip they delivered these to faculty and students from CSUCI and Universidad Autonoma del Estado de Hidalgo (UAEH). Students also participated as audience members and commentators for presentations made by UAEH students and both UAEH and CSUCI faculty. Students spend much time interacting with UAEH students in both formal and informal settings. Several half-day trips to sites within Pachuca and in the surrounding region were undertaken by both UAEH and CSUCI students; social time also included informal get-togethers in Pachuca or on campus at UAEH. Students finished the trip with two days in Valle de Bravo and a day in Mexico City.

2) This activity was the travel portion of UNIV 392, Math Exchange with University of Hidalgo.

3) Lessons that stand out: Mexican emergency health care far supersedes what can be had in our area by walking into an emergency room (sample size: one); our host institution was incredibly generous (covering our lodging costs and many meals); our individual hosts were also incredibly generous (UAEH students would not let CSUCI students pay for anything when they were out together, in spite of the Mexican students having – on average – far lower family incomes than our students); Mexicans – at least the people with whom we interacted – place a high value on the quality of personal interactions.

****Please attach assessment forms from students, list of attendees, peoplesoft program report**

E-mail to the Dean's Office
30 days after activity



California State University Channel Islands Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Rafael Villarroel-Flores _____

Address 1: Privada Bugambilias 139, Col. Taxistas_

Address 2: Mineral de la Reforma _____

City, State Zip: Hidalgo, MEXICO 42184 _____

Amount: \$ \$200 _____

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check Instructions:

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

Description to appear on reports (30 characters)

Villarroel-Flores 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:

Gues Speaker for the Mathematics Undergraduate Seminar, an IRA sponsored event. 204 form, attached, was previously faxed to Procurement.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90214			\$200.00
Total						\$200.00

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

Requestor: Mary Devins x3253 _____
Printed Name & Extension

Signature

4/20/09

Date

Approver: Dan Wakelee _____
Printed Name & Extension

Signature

4/21/09

Date

Approver: _____

Professor **Rafael Villarroel-Flores**
Department **Mathematics**
Hidalgo University
Ciudad Universitaria de la UAEH,
Carretera Pachuca-Tulancingo Km. 4.5
Col. Carboneras,
Mineral de la Reforma, Hgo., C. P. 42184
México

Dear **Rafael Villarroel**

I want to thank you for accepting our invitation to give a talk at the Mathematics Undergraduate Seminar at CSUCI on Wednesday April 8th, 2009. We are pleased to offer you an honorarium of \$200 in gratitude for your participation and to cover your travel expenses. If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Thanks again for your participation

Jorge Garcia
Mathematics Program
California State University Channel Islands
Camarillo, CA 93012
(805) 437-8815
jorge.garcia@csuci.edu

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 Rafael Villarreal-Flores <hr/> Mailing Address (Number and Street or P.O. Box Number) Privada Bugambillas 139, Col. Taxistas <hr/> Mineral de la Reforma, Hidalgo (CITY, STATE, and ZIP CODE)
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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 V 111FR1-16181-10162219W0 Rafael Villarreal-Flores	

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" 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)		TITLE
	SIGNATURE R. Villarreal F.	DATE April 9, 2009	TELEPHONE NUMBER



California State University Channel Islands Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Federico Menendez-Conde Lara _____
 Address 1: Abedul 114, Villas Del Alamo _____
 Address 2: Mineral de la Reforma _____
 City, State Zip: Hidalgo, MEXICO 42184 _____
 Amount: \$ \$200 _____

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

Check Instructions:

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

Description to appear on reports (30 characters)
 Menendez-Conde Lara 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:

Gues Speaker for the Mathematics Undergraduate Seminar, an IRA sponsored event. 204 form, attached, was previously faxed to Procurement.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90214			\$200.00
Total						\$200.00

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

Requestor:	Mary Devins x3253 _____ Printed Name & Extension	 Signature	4/20/09 Date
Approver:	Dan Wakelee _____ Printed Name & Extension	 Signature	4/21/09 Date
Approver:	_____	_____	_____



Professor Federico Menendez Conde Lara
Department Mathematics
Hidalgo University
Ciudad Universitaria de la UAEH,
Carretera Pachuca-Tulancingo Km. 4.5
Col. Carboneras,
Mineral de la Reforma, Hgo., C. P. 42184
México

Dear Federico Menendez Conde Lara

I want to thank you for accepting our invitation to give a talk at the Mathematics Undergraduate Seminar at CSUCI on Wednesday April 8th, 2009. We are pleased to offer you an honorarium of \$200 in gratitude for your participation and to cover your travel expenses. If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Thanks again for your participation

Jorge Garcia
Mathematics Program
California State University Channel Islands
Camarillo, CA 93012
(805) 437-8815
jorge.garcia@csuci.edu

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	

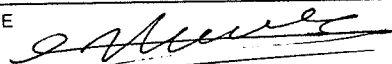
2 PAYEE'S BUSINESS NAME
FEDERICO MENENDEZ-CONDE LARA
 MAILING ADDRESS (Number and Street or P.O. Box Number)
ABEDUL 114, VILLAS DEL ALAMO
 (CITY, STATE, and ZIP CODE)
MINERAL DE LA REFORMA, HIDALGO, 42184

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) [] - [] [] [] [] [] [] [] [] []	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST NOTE: State and local governmental entities, including school districts are not required to submit this form.
	<input type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME <u>M 1 E T L F I - 1 7 1 1 - 1 1 1 0 1 1 6 W S FEDERICO MENENDEZ-CONDE LARA</u>	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input checked="" 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

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.

CERTIFYING SIGNATURE	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE
	SIGNATURE 	DATE 09/09/2009

State of California—Department of Health Services

PAYEE DATA RECORD

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

STD 204 (Rev. 2-2000)

To: Mary Devins

Re: Honorarium for April, 1, 2009 Math Speaker.

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 <u>Julie Rowlett</u>
	<u>100 1/2 E Haley Apt. B</u>
	MAILING ADDRESS (Number and Street or P.O. Box Number) <u>Santa Barbara CA 93101</u>
	(CITY, STATE, and ZIP CODE)

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 checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER <u>51312-1916-189166</u>	
	OWNER'S FULL NAME <u>Julie Marie Rowlett</u>	

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) <u>Julie Rowlett</u>	TITLE <u>Ph. D.</u>	
	SIGNATURE <u>Julie Rowlett</u>	DATE <u>3/12/09</u>	TELEPHONE NUMBER <u>206 4348070</u>



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

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

MAKE CHECK PAYABLE TO:

Name: Julie Rowlett _____

Address 1: 100 1/2 E Haley Apt B _____

Address 2: _____

City, State Zip: Santa Barbara, CA 93101 _____

Amount: \$ 200.00 _____

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)

Rowlett 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 IRA sponsored guest speaker Juliett Rowlett. See attached IRA proposal, offer letter. New Vendor. 204 form attached and previously faxed to Procurement.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90214			\$200.00
Total						\$200.00

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

Requestor: Mary Devins x3253 _____
Printed Name & Extension

Mary Devins _____ 3-19-09
Signature Date

Approver: Dan Wakelee _____
Printed Name & Extension

Dan Wakelee _____ 3-19-09
Signature Date

Approver: _____
(If required) Printed Name & Extension

Signature Date

Professor Julie Marie Rowlett
Math Department
University of California, Santa Barbara
Santa Barbara, CA 93106-3080

Dear Julie Marie Rowlett,

I want to thank you for accepting our invitation to give a talk at the Mathematics Undergraduate Seminar at CSUCI on Wednesday, April 1, 2009. We are pleased to offer you an honorarium of \$200 in gratitude for your participation and to cover your travel expenses. If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Thanks again for your participation

Jorge Garcia
Mathematics Program
California State University Channel Islands
Camarillo, CA 93012
(805) 437-8815
jorge.garcia@csuci.edu



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

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

MAKE CHECK PAYABLE TO:

Name: David Protas _____
 Address 1: 7461 Pomelo Drive _____
 Address 2: _____
 City, State Zip: Canoga Park, CA 91304 _____
 Amount: \$ 200.00 _____

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)
 Protas 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

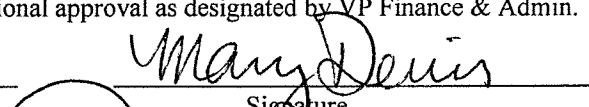
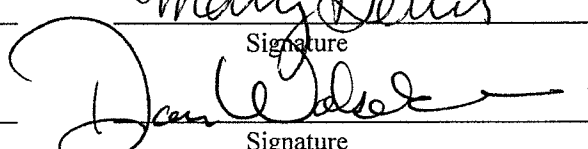
DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for IRA sponsored guest speaker David Protas. See attached IRA proposal, offer letter. New Vendor. 204 form attached and previously faxed to Procurement.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90214			\$200.00
Total						\$200.00

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

Requestor:	Mary Devins x3253 _____ Printed Name & Extension	 Signature	3-19-09 Date
Approver:	Dan Wakelee _____ Printed Name & Extension	 Signature	3-19-09 Date
Approver: (If required)	_____ Printed Name & Extension	_____ Signature	_____ Date

Professor David Protas
Department Mathematics
California State University, Northridge
18111 Nordhoff St
Northridge, CA 91330

Dear David Protas

I want to thank you for accepting our invitation to give a talk at the Mathematics Undergraduate Seminar at CSUCI on Wednesday March 18th 2009. We are pleased to offer you an honorarium of \$200 in gratitude for your participation and to cover your travel expenses. If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Thanks again for your participation

Jorge Garcia
Mathematics Program
California State University Channel Islands
Camarillo, CA 93012
(805) 437-8815
jorge.garcia@csuci.edu

250



California State University Channel Islands Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Kevin Iga _____
Address 1: Pepperdine University _____
Address 2: 24255 Pacific Coast Hwy _____
City, State Zip: Malibu, CA 90263-4321 _____
Amount: \$ 200.00 _____

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)
Iga 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 IRA sponsored guest speaker Kevin Iga. See attached IRA proposal, offer letter. New Vendor. 204 form attached and previously faxed to Procurement.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	7750	90214			\$200.00
Total						\$200.00

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

Requestor: Mary Devins x3253 _____
Printed Name & Extension

Signature

3-19-09

Date

Approver: Dan Wakelee _____
Printed Name & Extension

Signature

3-19-09

Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date

Professor Kevin Iga
Department of Mathematics
Pepperdine University
24255 Pacific Coast Highway,
Malibu, CA 90263

Dear Kevin Iga

I want to thank you for accepting our invitation to give a talk at the Mathematics Undergraduate Seminar at CSUCI on Wednesday March 18th 2009. We are pleased to offer you an honorarium of \$200 in gratitude for your participation and to cover your travel expenses. If you would please fill out the attached form and return it to Mary Devins via fax at 805-437-8864 we can have your honorarium check available for you when you arrive.

Thanks again for your participation

Jorge Garcia
Mathematics Program
California State University Channel Islands
Camarillo, CA 93012
(805) 437-8815
jorge.garcia@csuci.edu

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 Kevin Iga Pepperdine University MAILING ADDRESS (Number and Street or P.O. Box Number) 24255 Pacific Coast Hwy. (CITY, STATE, and ZIP CODE) Malibu CA 90263-4321
----------	--

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS 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 5766-74-3120 Kevin Mitsue Iga	

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) Kevin Iga	TITLE Associate Professor, mathematics	
	SIGNATURE 	DATE 3/4/09	TELEPHONE NUMBER (310) 506-4321



Math Events

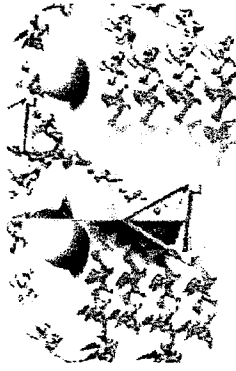


NEW EVENTS

OLD EVENTS BY DATE

Mathematics Graduate Seminar

Adinkras: Supersymmetric Algebra, Diagrams and Codes



Professor Kevin Iga

In 2004, physicists M. Faux and S. J. Gates invented a new way to understand supersymmetry using diagrams called Adinkras. The mathematical study of the combinatorial aspects of these diagrams has led to a range of new, previously unknown supersymmetric theories, and suggests an approach to exhaustively listing all supersymmetric theories, as well as solving some difficult questions such as the off-shell problem. At the same time, the story of this investigation makes contact with diverse areas of mathematics from algebraic topology to algebra to error-correcting codes. No previous knowledge of supersymmetry or particle physics is assumed in this talk.

Wednesday, March 04, 2009 Broome Library, 2325
Starts 4:30 PM

For more info contact Angela Walker, angela_walker252@dolphin.csul.edu (805) 901-6530

Sponsored by Mathematics

cover the travel costs of those driving from within Southern California, some part of the travel costs of speakers arriving from farther away, and honoraria for our distinguished speakers.

TOTAL = \$5250 for speakers' honoraria and related costs (travel/lodging/etc) – estimate 28 funded speakers during AY08-09. (Estimated total number of speakers is 50.)

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

Some speakers donate their time and effort to the advantage of our students. CSUCI faculty carry out the behind-the-scenes work of making the arrangements necessary to provide for a good experience for our distinguished visitors, often buy speakers' dinners, and use their own funds to provide refreshments for all seminar attendees. Other institutions and associations (e.g. UCSB, CLU, the Southern California-Nevada Section of the Mathematical Association of America) engage in cost-sharing (particularly travel costs) when we share speakers who make one trip to Southern California to speak at multiple 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

Cynthia J. Wyels 3/14/08
Project Sponsor Date

Cynthia J. Wyels 3/14/08
Program Chair/Director Date

A. Vaidya 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	<u>*allocated from program budget (~\$100)</u>
B. Vendor Printing	<u>_____</u>
C. In-State Travel	<u>approximately \$950</u>
D. Out-of-State Travel	<u>approximately \$2250</u>
E. Equipment Rental	<u>none</u>
F. Equipment Purchase	<u>none</u>
G. Contracts/Independent Contractors	<u>none</u>
H. Honorarium	<u>\$100 each for a total of \$2800</u>
I. OPC Chargeback	<u>none</u>
J. Copier Chargeback	<u>*allocated from program budget (~\$150)</u>
K. Other (Please Specify)	<u>_____</u>
TOTAL	<u>\$5250</u>

2. Revenue

A. Course Fees	<u>not applicable</u>
B. Ticket Sales	<u>None – so as to encourage participation</u>
C. Out of Pocket Student Fees (exclusive of course fees)	<u>None – so as to encourage participation</u>
D. Additional Sources of Funding (Please specify And indicate source)	<u>~\$250 from program budget</u>
E. Requested Allocation from IRA	<u>cost-sharing (see note below) -- ~\$1000</u> <u>\$4000</u>

Total Revenue	<u>\$5250</u>
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Note re matching budget: We attempt to minimize costs by inviting speakers who are already traveling to Southern California for other reasons (e.g. to speak at a conference) and offering to share travel costs with other institutions and agencies.

CSUCI

250

C.I.I # _____

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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

TRAVELER'S NAME J. Wisniewski		RESIDENT ADDRESS 17 Guass Way MSRI		CITY/STATE/ZIP Berkeley, CA 94702-5070	
HEADQUARTERS ADDRESS One University Drive		Camarillo, CA 93012		510.848.8288	
DEPARTURE DATE 4/28/09	DEPARTURE TIME (AM/PM) 1pm	RETURN DATE 4/30/09	RETURN TIME (AM/PM) 10pm	PREPARED BY Mary Devins 3253	
					SELECT ONE: <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check

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

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
4/28/09	Camarillo		10.00	15.00	25.00							0.00		\$50.00
4/29/09			10.00	15.00	25.00							0.00		50.00
4/30/09	Berkeley		10.00	15.00	25.00		160.14	rental				0.00		210.14
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTAL		\$0.00	\$30.00	\$45.00	\$75.00	\$0.00	\$0.00	\$160.14		\$0.00	0	\$0.00	\$0.00	\$310.14
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														0.00
LESS ANY OTHER ADJUSTMENTS														
													AMOUNT DUE TRAVELER	\$310.14

Account	Fund	Dept	Program	Class	Project	Amount
606001	TK910	750	40214			310.14
*606803						\$0.00

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

Mathematics Graduate Seminar talk. *IRA funded. We are reimbursing travel in lieu of non-resident visa paperwork provided to*

Normal Mileage Rate: 0.550 (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 JAROSLAW WISNIEWSKI	CLAIMANT'S SIGNATURE <i>[Signature]</i>	DATE 4/24, 2009
MANAGER'S PRINTED NAME DAN WAKELER	MANAGER'S SIGNATURE <i>[Signature]</i>	DATE 5/7/09
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required Lawn Newman	DIVISION APPROVAL SIGNATURE <i>[Signature]</i>	DATE 5/13/09

Revised (4/1/09)
Lawn Newman 5/13/09

March 26, 2009

Professor Jaroslaw Wisniewski
Department of Mathematics
University of California Berkeley

Dear Professor Wisniewski,

I would like to invite you to visit the California State University Channel Islands starting from April 28 to April 30 to give a talk in the Graduate Mathematics Seminar on Wednesday April 29. The Mathematics Department at Channel Islands will arrange for a pay for a hotel for you for the nights of April 28th and 29th, and we will also reimburse you for your travel expenses. We will also pay you a per diem of \$50 for each of the days April 28, 29 and 30.

We look forward to your visit and talk,

Geoffrey Buhl
Assistant Professor
Mathematics Department
California State University Channel Islands
805/ 437.3122
geoffrey.buhl@csuci.edu

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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	

PAYEE'S BUSINESS NAME
Jaroslaw Wisniewski

temporary address, until Math 20th: 2596 Milvia St, Berkeley CA 94704

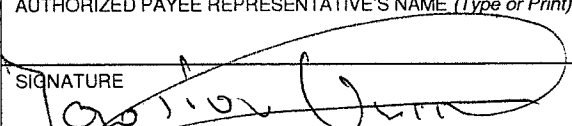
MAILING ADDRESS (Number and Street or P.O. Box Number)
permanent address: ul. Ogrodowa 3, Hornowek

(CITY, STATE, and ZIP CODE)
05-080 Izabelin, Poland

PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY		<p>NOTE: State and local governmental entities, including school districts are not required to submit this form.</p> <p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>
	<input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) 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 3 1 1 - 9 4 - 4 4 9 4 Jaroslaw Wisniewski		

PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)		<p>NOTE:</p> <p>a. An estate is a resident if decedent was a California resident at time of death.</p> <p>b. A trust is a resident if at least one trustee is a California resident. <i>(See Page 2)</i></p>
	<input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA.	<input checked="" type="checkbox"/> Nonresident (<i>See Page 2</i>). 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	

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.

CERTIFYING SIGNATURE	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	
	SIGNATURE 	DATE March 31st, 2009	TELEPHONE NUMBER +48227227399



Rental Location
 BERKELEY - UNIVERSITY AVE
 920 UNIVERSITY AVENUE
 BERKELEY

CA 94710

Return Location
 BERKELEY - UNIVERSITY AVE

RA # 716280071

28-APR-2009 12:06 PM
 Phone (888)826 6890

01-MAY-2009 09:56 AM

Invoice # 10007158099

Renter Name JAROSLAW WISNIEWSKI
 OGDOWA 3
 HORNOWEK

05-080

EUROPE WEB POINT OF SALE
 Contract ID 5005946

Charges	No	Unit	Price/Unit	Amount
TIME & DISTANCE	1	Rental	151.76	151.76 *
UNLIMITED MILES/KM - TIME & DIST		M/Kms		0.00 *
CDW / LDW	3	Days		0.00
SUPPLEMENTARY LIABILITY INSURANCE	3	Days		0.00
SALES TAX @9.750 %			85.91	8.38

Vehicle # 91165560
 Model IMPALA LT
 Class Driven FCAR
 Class Charged FCAR
 License# 837YHF
 State/Province WASHINGTON
 M/Kms Driven 895
 M/Kms Out 15044
 M/Kms In 15939

Rate Info

Messages

* Taxable Items
 Subject to Audit

Total Charges				USD 160.14
Payments				
Master Card	5921			
AUTH:	069887	28-APR-2009	160.14	Payment
				-160.14

Customer service Number 1-800-468-3334

Amount Due

USD -0.00