



<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: The Channel Islands Interdisciplinary Science Seminar Series

Project Sponsor/Staff (Name/Phone): Blake Gillespie

Activity/Event Date(s): Fall 08/Spring 09

Date Funding Needed By: January 1, 2009

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

Previously Funded: YES NO Yes, Request # _____

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

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code:

Date of Submission: 03/12/2008

Amount Requested: \$8,412
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: 750-1000



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

255

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

MAKE CHECK PAYABLE TO:

Name: Robert N. Muller _____

Address 1: 2770 Las Encinas Road _____

Address 2: _____

City, State Zip: Santa Barbara, CA 93105 _____

Amount: \$ 600.00 _____

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)

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

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

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for IRA sponsored guest speaker Bob Muller for Interdisciplinary Science Speaker Series. offer letter attached. New Vendor. 204 form attached and previously faxed to Procurement.

ACCOUNTING & APPROVAL:

| Account | Fund | Dept ID* | Program | Class | Project/Grant** | Amount |
|--------------|-------|----------|---------|-------|-----------------|----------|
| 613802 | TK910 | 765 | 90219 | | | \$600.00 |
| Total | | | | | | \$600.00 |

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

Requestor: Mary Devins x3253 _____
Printed Name & Extension

Signature

4/23/09

Date

Approver: Dan Wakelee _____
Printed Name & Extension

Signature

4/23/09

Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date

Blake Gillespie, Ph.D.
Assistant Professor of Biochemistry
CSUCI
805-437-2796

Dear Bob, it is my pleasure to invite you to come to the CSUCI campus on April 21, 2009 to present your survey of the chaparral fire research. The Interdisciplinary Science Seminar Series can offer you a \$600 stipend, which should also cover any travel expenses. Thanks very much!

bg

Blake Gillespie

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
ROBERT N. MULLER

MAILING ADDRESS (Number and Street or P.O. Box Number)
2470 LAS ENCINAS RD

(CITY, STATE, and ZIP CODE)
SANTA BARBARA, CA 93105

3 PAYEE ENTITY INFORMATION

CHECK ONE BOX ONLY

LEGAL CORPORATION

MEDICAL CORPORATION

EXEMPT CORPORATION (Non-profit)

ALL OTHER CORPORATIONS

PARTNERSHIP

ESTATE OR TRUST

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)
| | | - | | | | | |

INDIVIDUAL SOLE PROPRIETOR
SOCIAL SECURITY NUMBER 568-166-18535 OWNER'S FULL NAME ROBERT N. MULLER

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.

4 PAYEE RESIDENCY STATUS

CHECK APPROPRIATE BOX(ES)

California Resident - Qualified to do business in CA or a permanent place of business in CA.

Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding.

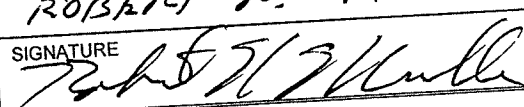
WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED

SERVICES PERFORMED OUTSIDE OF CALIFORNIA

NOTE:
a. An estate is a resident if decedent was a California resident at time of death.
b. A trust is a resident if at least one trustee is a California resident. (See Page 2)

5 CERTIFYING SIGNATURE

I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.

| | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------|
| AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) <u>ROBERT N. MULLER</u> | TITLE |
| SIGNATURE  | DATE <u>4/22/09</u> |
| | TELEPHONE NUMBER <u>(805) 403-2564</u> |



California State University Channel Islands
Check Request Form

255

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

MAKE CHECK PAYABLE TO:

Name: Paul W. Collins _____

Address 1: 1286 Refugio Rd _____

Address 2: _____

City, State Zip: Santa Ynez, CA 93460 _____

Amount: \$ 600.00 _____

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)
Collins Honorarium _____

TYPE OF PAYMENT:

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

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

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for IRA sponsored guest speaker Paul Collins for Interdisciplinary Science Speaker Series. See attached IRA proposal, offer letter. New Vendor. 204 form attached and previously faxed to Procurement.

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| Account | Fund | Dept ID* | Program | Class | Project/Grant** | Amount |
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Requestor: Mary Devins x3253
Printed Name & Extension

Signature

3/13/09
Date

Approver: Dan Wakelee
Printed Name & Extension

Signature

3/13/09
Date

Approver: _____

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)

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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 | |

| | |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2</p> | <p>PAYEE'S BUSINESS NAME Paul W. Collins</p> <hr/> <p>1286 Refugio Rd</p> <hr/> <p>MAILING ADDRESS (Number and Street or P.O. Box Number) Santa Ynez, CA 93460</p> <hr/> <p>(CITY, STATE, and ZIP CODE)</p> |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3</p> <p>PAYEE ENTITY INFORMATION</p> | <p>CHECK ONE BOX ONLY</p> <p><input type="checkbox"/> LEGAL CORPORATION</p> <p><input type="checkbox"/> MEDICAL CORPORATION</p> <p><input type="checkbox"/> EXEMPT CORPORATION (Non-profit)</p> <p><input type="checkbox"/> ALL OTHER CORPORATIONS</p> <p>FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)</p> <p> - </p> | <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> |
| | <p><input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR</p> <p>SOCIAL SECURITY NUMBER OWNER'S FULL NAME</p> <p> 5 4 6 - 7 4 - 3 3 6 8 Paul W. Collins</p> | |

| | | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4</p> <p>PAYEE RESIDENCY STATUS</p> | <p>CHECK APPROPRIATE BOX(ES)</p> <p><input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA.</p> <p><input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding.</p> <p><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</p> <p><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA</p> | <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.</p> <p>(See Page 2)</p> |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| <p>5</p> <p>CERTIFYING SIGNATURE</p> | <p>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.</p> | | |
| | <p>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</p> | | <p>TITLE</p> |
| | <p>SIGNATURE</p> <p><i>Paul W. Collins</i></p> | <p>DATE</p> <p>25 Feb 2009</p> | <p>TELEPHONE NUMBER</p> <p>805-682-4711</p> |

X134

Paul Collins
Curator of Vertebrate Zoology
Santa Barbara Natural History Museum

Dear Paul,

Thank you for agreeing to join us on the CSUCI campus to deliver your talk entitled "Food Habit of Bald and Golden Eagles on the Channel Islands". Your talk will be scheduled for Wednesday, March 18th at 7:30pm. Your stipend for this lecture will be \$600, which includes reimbursement for your flight. Thanks in advance for your participation.

Sincerely,

Blake Gillespie, Ph.D.
Assistant Professor of Biochemistry
CSU-Channel Islands
1 University Drive
Camarillo, CA 93012
(805) 437-2796

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.


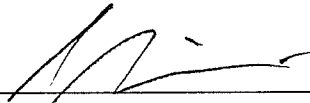
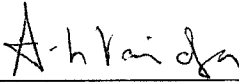
Application
Instructionally Related Activities Funds Request
2008-2009 Academic Year

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

Signatures and Dates

| | |
|-------------------------------------------------------------------------------------|---------|
|  | 3/25/08 |
| Project Sponsor | Date |
| <hr/> | |
|  | 3/25/08 |
| Program Chair/Director | Date |
| <hr/> | |
|  | 3/25/08 |
| Dean | |

RECEIVED
MAR 14 2008
Dean's Office

Application
Instructionally Related Activities Funds Request
2008-2009 Academic Year

ACTIVITY BUDGET FOR 2008-2009

1. Operating Expense Budget

- A. Supplies _____
- B. Vendor Printing _____
- C. In-State Travel _____
- 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)

| | | |
|-------------------------|----------|------------------|
| speaker stipends: | 6@ \$500 | \$3,000 |
| speaker travel: | 6@\$500 | \$3,000 |
| speaker hotel: | 6@\$102 | \$612 |
| student/speaker dinner: | 6@\$150 | \$900 |
| seminar refreshments: | 6@\$150 | \$900 |
| Total: | | \$8,412 |

6,612

2. Revenue

- A. Course Fees _____ none
 - B. Ticket Sales _____ none
 - C. Out of Pocket Student Fees
(exclusive of course fees) _____ none
 - D. Additional Sources of
funding
(Please specify
And indicate source) _____ none committed
 - E. **Requested Allocation
from IRA** _____
- Total Revenue _____ none

1. Description

I am requesting funds to continue the Channel Islands Interdisciplinary Science Seminar Series through the 2009 academic year. The Series was initiated in Fall of 2007 as a set of student-oriented talks by local and regional experts from across the sciences, particularly speakers that bridge disciplines. The seminars continue this semester, with a total of four speakers so far this academic year and two more upcoming in April and May. The series is designed to help create a campus culture of scientific inquiry and dialog that takes the student beyond the classroom. As well, it seeks to provide the campus and local community another window into what interdisciplinary science is, and how it can reach into our lives. Thus far, we have brought to campus an enthnobotanist, an art conservation chemist, a cetacean stranding specialist, and an archeoastronomer; upcoming visitors will be an astrobiologist and a South-Coast paleontology expert.

The first round of seminars focused on speakers from southern California; some of these donated their time and others were offered only minimal honoraria and travel allowances. These stipends have so far been contributed by individual programs and/or centers. This necessarily restricted the speakers we could afford to invite to campus. I am seeking IRA funding to dramatically broaden our roster by providing:

- higher stipends and travel allowances to bring popular speakers from farther afield.
- funds for student-attended dinners with each speaker.
- funds for coffee/tea and cookies to be served at pre-seminar mixers.

These three simple details will improve on an already highly successful series. As well, I will be coordinating with the Center for Integrative Studies (CIS) is to bring to campus speakers who will run faculty workshops for CIS *and* present seminars for the Seminar Series, a synergy that provides even more opportunities for students to learn and think about science.

2. Relation to course offerings

The speakers have relevance to many and diverse classes, and I have worked with individual faculty colleagues to help schedule and advertise the events. Frequently, CSUCI faculty offer extra credit for attendance. We already draw very large groups of students and faculty from many programs, often filling Aliso Hall 150 to capacity. Specific courses that have been involved are listed below, but these do not fully reflect the diversity of students and community member participation:

ANTH 323
ANTH 345
ART 333
CHEM 121
CHEM 122
CHEM 330
CHEM 460
CHEM 461

In the Fall, I will use a more structured and formalized means of coordinating with colleagues from across the disciplines. My goal is to involve many instructors in speaker choices and seminar promotion, so that as many as are interested can integrate the series more fully into their curriculum.

3. Assessment

Participation and assessment were initially informal, with faculty collecting a list of students attending or asking that I do so when the instructors were absent. Additionally, participating faculty often make any extra-credit contingent on submission of students' written comments or reflections. Finally, faculty have given me their candid evaluations of speakers, information which I have used to help refine future speaker choices.

In next year's series, I plan to formalize a mechanism for monitoring student attendance and participation assessment using Blackboard. Not only will the seminar schedule be more easily published, but student can log on and post comments to a blog about a particular speaker or the series. This feedback will not only help improve the speaker list, it will also begin to place control over the series in student hands.

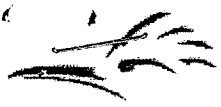
4. Budget:

| | | |
|-------------------------|----------|----------------|
| speaker stipends: | 6@ \$500 | \$3,000 |
| speaker travel: | 6@\$500 | \$3,000 |
| speaker hotel: | 6@\$102 | \$612 |
| student/speaker dinner: | 6@\$150 | \$900 |
| seminar refreshments: | 6@\$150 | \$900 |
| Total: | | \$8,412 |

Note: no speakers have been contacted about the Fall '08 Series, and the travel budget is only an estimate. Hotel costs are fixed by contract with University vendors, but covering accommodations will also help us to bring in speakers from across the state, country and globe. It is likely that some speakers' travel costs will be minimal, which would allow for greater allowances for others'. Meal costs are also an estimate for taking the speaker and 3-4 students to dinner locally after the seminar.

5. Sources of Support

Of the speakers so far brought to campus, 1 has donated her time and 3 have been or will be paid stipends and travel allowances from the budgets of various programs and the CIS. I will continue to solicit program-level participation and support, but have no guarantee from them. Any additional program monies will be used to supplement stipend and/or travel costs that are in excess of the budget presented above.



Roadrunner Shuttle

'Transportation you can count on'

240 S. Glenn Dr. Camarillo, CA 93010

Call (805) 389 8196

Visit www.rrshuttle.com

6/27/08 2:18 pm

Page No: Page 1 of 2

155

Received
CSUCI Accounting

2008 JUN 30 P 2:38

Invoice No : 2429

Invoice Date : 06/22/2008

Due Date : 07/02/2008

Net 10 Day (s)

CSUCI - MAIN ACCOUNT

ONE UNIVERSITY DRIVE
CAMARILLO CA
93012

APPROVED FOR PAYMENT - ACCOUNTING DEPT.

By [Signature]
 DATE 7-15-08
 ACCT TK910 720 90108
 CONTRACT/PO _____
 PARTIAL PAYMENT 320.00
 PAYMENT IN FULL _____

| Reservation# | Last Name | PSGR | Source | Destination | Fare | Disc | Disc Fare |
|--------------|-----------------|---------|-----------------|---------------|--------|-------|-----------|
| Arv/Dep | Sch Date | Service | | | | | |
| 444365 | CSUCI | 860 | | | 122.00 | | 122.00 |
| Arv | 2/18/08 | XL | 9 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 2/18/08 | XL | 9 CAMARILLO | THOUSAND OAKS | | | |
| 448137 | CHAPMAN | 720 | | | 370.00 | 50.00 | 320.00 |
| Dep | 4/18/08 | XL | 9 FILLMORE | FILLMORE | | | |
| 449055 | CSUCI RECRUITME | 540 | | | 138.00 | | 138.00 |
| Arv | 1/31/08 | XL | 12 CAMARILLO | Camarillo | | | |
| Dep | 1/31/08 | XL | 12 Camarillo | CAMARILLO | | | |
| 467774 | DOKKA | 860 | | | 61.00 | | 61.00 |
| Dep | 6/7/08 | XL | 1 CAMARILLO | THOUSAND OAKS | | | |
| 467775 | DOKKA | 860 | | | 61.00 | | 61.00 |
| Dep | 6/14/08 | XL | 1 CAMARILLO | THOUSAND OAKS | | | |
| 467776 | DOKKA | 860 | | | 61.00 | | 61.00 |
| Dep | 6/21/08 | XL | 1 CAMARILLO | THOUSAND OAKS | | | |
| 478138 | KILPATRICK | 730 | | | 118.00 | | 118.00 |
| Arv | 5/26/08 | RS | 1 LAX | CAMARILLO | | | |
| Dep | 5/16/08 | RS | 1 CAMARILLO | LAX | | | |
| 480013 | belossanpos | 510 | | | 184.00 | | 184.00 |
| Dep | 6/6/08 | XL | 14 CAMARILLO | THO | | | |
| Arv | 6/6/08 | XL | 14 THO | CAMARILLO | | | |
| 485949 | KILPATRICK | 730 | | | 108.00 | | 108.00 |
| Dep | 6/21/08 | RS | 1 CAMARILLO | LAX | | | |

asked for receipt for 730



California State University Channel Islands
Check Request Form

ZSS

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

MAKE CHECK PAYABLE TO:

Name: Tarla Rai Peterson _____

Address 1: 2713 Wilderness Ave North _____

Address 2: _____

City, State Zip: College Station, TX 77845 _____

Amount: \$ 900.00 _____

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

Check Instructions:

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- Mail attachments with check - include copies

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

TYPE OF PAYMENT:

- | | | |
|--------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical |
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| <input type="checkbox"/> Bank Fee* | <input type="checkbox"/> Parking | <input type="checkbox"/> Utility/Telephone |
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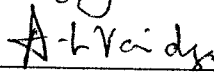
*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Mary Devins x3253 _____
Printed Name & Extension


Signature

3/2/09
Date

Approver: ~~Dan Wakelee~~ Ashis Vaidya _____
Printed Name & Extension


Signature

3/2/09
Date

Approver: _____

Tarla Rai Peterson
Boone & Crocket Chair
Texas A & M University

Dear Tarla,

Thank you for agreeing to join us on the CSUCI campus to deliver your talk entitled "Not your mamma's social movement". Your talk will be scheduled for Thursday, February 26th at 7:30pm. Your stipend for this lecture will be \$900 which includes reimbursement for your flight. Thanks in advance for your participation.

Sincerely,

Blake Gillespie, Ph.D.
Assistant Professor of Biochemistry
CSU-Channel Islands
1 University Drive
Camarillo, CA 93012
(805) 437-2796



California State University Channel Islands
Check Request Form

255

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

MAKE CHECK PAYABLE TO:

Name: Donald R. Prothero _____
 Address 1: 2620 Prospect Ave _____
 Address 2: _____
 City, State Zip: La Crescenta, CA 91214 _____
 Amount: \$ 600.00 _____

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)
 Prothero 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:

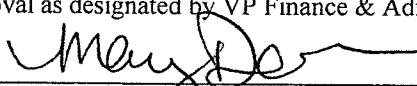
Honorarium for IRA sponsored guest speaker Donald Prothero for Interdisciplinary Science Speaker Series. See attached IRA proposal, offer letter. New Vendor. 204 form attached and previously faxed to Procurement.

ACCOUNTING & APPROVAL:

| Account | Fund | Dept ID* | Program | Class | Project/Grant** | Amount |
|--------------|-------|----------|---------|-------|-----------------|----------|
| 613802 | TK910 | 765 | 90219 | | | \$600.00 |
| Total | | | | | | \$600.00 |

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

Requestor: Mary Devins x3253 _____
 Printed Name & Extension

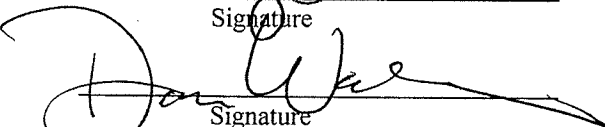


 Signature

2/25/09

 Date

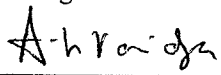
Approver: Dan Wakelee _____
 Printed Name & Extension



 Signature

 Date

Approver: Ashish Vaidya, Dean of the Faculty _____



2/27/09

Donald Prothero
Professor of Geology
Occidental College

Dear Don,

Thank you for agreeing to join us on the CSUCI campus to deliver your talk entitled "Evolution: What the Fossils Tell Us and Why It Matters". Your talk will be scheduled for Tuesday, February 12th at 7:30pm. Your stipend for this lecture will be \$600. Thanks in advance for your participation.

Sincerely,

Blake Gillespie, Ph.D.
Assistant Professor of Biochemistry
CSU-Channel Islands
1 University Drive
Camarillo, CA 93012
(805) 437-2796

