



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

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

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): *Dr. Paul R Murphy*
 Activity/Event Date(s): *Jazz Performance Demonstration*
 Date Funding Needed By: *August 2010*

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

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

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

Previously Funded: YES NO Yes, Request # 765-00053

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:

Performing Arts

Date of Submission:

3/9/2010

Budget code - 765-00053

Amount Requested:

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

\$ 3000

Estimated Number of Students Participating:

250 - 300

Application
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2009-2010 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.

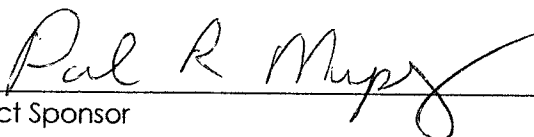
Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year


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


Project Sponsor 3/8/2010
Date


Program Chair/Director 3-9-2010
Date


Dean 3/16/10
Date

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

A. Supplies	NA
B. Vendor Printing	NA
C. In-State Travel	NA
D. Out-of-State Travel	NA
E. Equipment Rental	NA
F. Equipment Purchase	NA
G. Contracts/Independent Contractors	NA
H. Honorarium	\$ 3000 for four performances
I. OPC Chargeback	NA
J. Copier Chargeback	NA
K. Other (Please Specify)	NA
TOTAL Expenses	\$ 3000

2. Revenue

A. Course Fees	NA
B. Ticket Sales	NA
C. Out of Pocket Student Fees (exclusive of course fees)	NA
D. Additional Sources of funding (Please specify And indicate source)	None
E. Requested Allocation from IRA	\$ 3000
Total Revenue	\$ 0

Application for Instructionally Related Activities Funds Request

Activity Title: Professional Jazz Group Performance/Demonstration/Questionnaire

Project Sponsor: Dr. Paul R. Murphy/310-804-3581

Event Dates: Tuesday September 7th, Tuesday December 7th, Tuesday February 8th, Tuesday May 3rd.

Date Funding Needed By: August 2010

Any of following apply to IRA: No

Previously Funded: Yes- Request # 765-00053

Proposal require IRB: No

Assessment submitted: Yes

Academic Program and Budget code: Performing Arts-Budget code-765-00053

Date of Submission: Tuesday, March 9th, 2010

Amount Requested: \$ 3000

Estimated number of students participating: 250-300

1. **Brief Activity Description:** This is an event to benefit the students in the MUS 330, Jazz in America course and open to all other CSUCI students who would like to attend. For the last five years, I have been hiring professional jazz musicians and colleagues of mine to come in to perform for the students at CSUCI. This is an incredible opportunity for many students who normally don't listen to jazz to hear a live jazz performance on their own campus. I encourage the students to ask questions on the creative process of improvisation, the musician's background or anything else related to the event.
2. **Relation to IRA Program to Course Offerings:** This is related to the PAMU 330, Jazz in America course but the event is announced via flyers and global campus email to all CSUCI students, faculty and staff. I also announce this event to my two sections of PAMU 200 History of Rock and Roll classes, my PAMU 202 Beginning Group Guitar class and private students at CSUCI. I also send out invites to faculty in Performing Arts and encourage them to make their students aware of this opportunity.
3. **Activity Assessment:** As part of the student's assignments in the Jazz in America class they are required to attend one live jazz performance off campus and write a concert report of their experiences. This provides them a unique opportunity to hear live jazz before this assignment and ask questions to the musicians regarding their performance. This is an opportunity that cannot be duplicated at an off campus jazz event. In the SETE evaluations many students commented these are the most educational and beneficial class of the semester.

4. **Activity Budget:** The professional jazz musicians that I hire come from the Los Angeles area and are active members of the Los Angeles jazz music scene. To get the high level of musicians I would like to use I am requesting \$3000 for these four IRA events throughout the academic year. This is broken down to \$250 per musician per event. Considering these musicians are driving a long way and are here for several hours I consider this to be a very reasonable request.
5. **Sources of Activity Support:** There are no other sources of funding. The additional support for this activity includes Performing Arts chair Jacque Kilpatrick, faculty in the Performing Arts department and other instructors at CSUCI.
6. **Acknowledgement:**

Project Sponsor: Dr. Paul R. Murphy

Date:

Paul R. Murphy

3/8/2010

Program Chair: Jacque Kilpatrick

Date:

Jacque Kilpatrick

3/10/2010

Dean: Ashish Vaidya

Date:

Ashish Vaidya

3/16/10



California State University Channel Islands
Check Request Form

349

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

MAKE CHECK PAYABLE TO:

Name: Kenneth Burgomaster
 Address 1: 612 Pacific Street #1
 Address 2: _____
 City, State Zip: Santa Monica, CA 90405

PeopleSoft Vendor ID: 3751
 Note: New vendors must complete a Form 204

Check will be:
 Mailed to the address at left
 Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

Burgomaster Honorarium

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.
Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. Date of performance: 12/7/10
<input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765 731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
 Printed Name & Extension

Mary Devins
 Signature Date 11/18/10

Approved by: Dan Wakelee
 Printed Name

Dan Wakelee
 Signature Date _____



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

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

MAKE CHECK PAYABLE TO:

Name: Mark Harris

PeopleSoft Vendor ID: 6290

Address 1: 4754 La Villa Marina Unit H

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

Address 2: _____

Check will be:

- Mailed to the address at left
 Picked up from Cashier - Ext 3253

City, State Zip: Marina del Rey, CA 90292

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

Harris Honorarium

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

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

* To be used by payroll department only.

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

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

Description and/or explanation of payment.
Professional Jazz Ensemble, an IRA sponsored activity. New Vendor, 204 attached and previously faxed to Procurement. IRA Proposal and flyer attached. Date of performance 12/7/10. <input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
 Printed Name & Extension

Signature

11/18/10
 Date

Approved by: Dan Wakelee
 Printed Name

Signature

 Date



California State University Channel Islands

Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Paul Kristan

Address 1: 2535 Beverley Ave #J

Address 2: _____

City, State Zip: Santa Monica, CA 90405

PeopleSoft Vendor ID: 3755
 Note: **New vendors must complete a Form 204**

Check will be:

- Mailed to the address at left
- Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

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) |
| <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 |

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Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached.
12/7/10 performance

PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765 731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
 Printed Name & Extension

Mary Devins

 Signature 11/18/10
Date

Approved by: Dan Wakelee
 Printed Name

Dan Wakelee

 Signature 11/18/10
Date



California State University Channel Islands

Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Cody Cassiero

Address 1: 626 S Cochran Ave #11

Address 2: _____

City, State Zip: Los Angeles, CA 90036

PeopleSoft Vendor ID: 3752
 Note: New vendors must complete a Form 204

Check will be:

- Mailed to the address at left
- Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

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

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

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 **Please attach a signed Non-Employee reimbursement form to this check request.
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Description and/or explanation of payment.
Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. 12/17/10 performance
<input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765 731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
 Printed Name & Extension

 Signature 11/18/10
 Date

Approved by: Dan Wakelee
 Printed Name

 Signature 11/18/10
 Date



Channel Islands

CALIFORNIA STATE UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS

November 17th, 2010

Dear Paul Kristan,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Tuesday, December 7th from 4:30-5:45pm and 7-8:30pm and an honorarium of \$187.50 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

Dr. Paul R. Murphy
Performing Arts Lecturer
Fall 2008
California State University, Channel Islands

One University Drive, Camarillo, California 93012-8599 Tel: (805) 437-8967 Fax: (805) 437-8864 www.csuci.edu



Channel Islands

CALIFORNIA STATE UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS

November 17th, 2010

Dear Cody Casiero,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Tuesday, December 7th from 4:30-5:45pm and 7-8:30pm and an honorarium of \$187.50 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

Dr. Paul R. Murphy
Performing Arts Lecturer
Fall 2008
California State University, Channel Islands

One University Drive, Camarillo, California 93012-8599 Tel: (805) 437-8967 Fax: (805) 437-8864 www.csuci.edu



Channel Islands

CALIFORNIA STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS

November 17th, 2010

Dear Mark Harris,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Tuesday, December 7th from 4:30-5:45pm and 7-8:30pm and an honorarium of \$187.50 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

Dr. Paul R. Murphy
Performing Arts Lecturer
Fall 2008
California State University, Channel Islands

One University Drive, Camarillo, California 93012-8599 Tel: (805) 437-8967 Fax: (805) 437-8864 www.csuci.edu

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Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus



Channel Islands

CALIFORNIA STATE UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS

November 17th, 2010

Dear Ken Burgomaster,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Tuesday, December 7th from 4:30-5:45pm and 7-8:30pm and an honorarium of \$187.50 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

Dr. Paul R. Murphy
Performing Arts Lecturer
Fall 2008
California State University, Channel Islands

One University Drive, Camarillo, California 93012-8599 Tel: (805) 437-8967 Fax: (805) 437-8864 www.csuci.edu



California State University Channel Islands
Check Request Form

349

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

MAKE CHECK PAYABLE TO:

Name: Paul Kristan

5

PeopleSoft Vendor ID: 3755

Note: New vendors must complete a Form 204

Address 1: ~~2535 Beverley Ave #J~~ 1601 Marina St

Address 2:

~~90405~~

Check will be:

- Mailed to the address at left
- Picked up from Cashier - Ext 3253

City, State Zip: Santa Monica, CA 90405

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

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 |

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12/7/10 performance

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CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765 731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
Printed Name & Extension

Mary Devins
Signature
11/18/10
Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee
Signature
11/18/10
Date



California State University Channel Islands

Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Kenneth Burgomaster

PeopleSoft Vendor ID: 3751

Address 1: 612 Pacific Street #1

Note: New vendors must complete a Form 204

Address 2: _____

Check will be:

City, State Zip: Santa Monica, CA 90405

- Mailed to the address at left
 Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

Burgomaster Honorarium

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 |

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Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. Date of performance: 12/7/10

PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765 731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
 Printed Name & Extension

Mary Devins
 Signature

11/18/10
 Date

Approved by: Dan Wakelee
 Printed Name

Dan Wakelee
 Signature

 Date



California State University Channel Islands

Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Mark Harris

PeopleSoft Vendor ID: 6290

Address 1: 4754 La Villa Marina Unit H

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

Address 2: _____

Check will be:

- Mailed to the address at left
 Picked up from Cashier - Ext 3253

City, State Zip: Marina del Rey, CA 90292

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

Harris Honorarium

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

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

* To be used by payroll department only.
 **Please attach a signed Non-Employee reimbursement form to this check request.
 ***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. New Vendor, 204 attached and previously faxed to Procurement. IRA Proposal and flyer attached. Date of performance 12/7/10.

PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
 Printed Name & Extension

Signature

11/18/10
 Date

Approved by: Dan Wakelee
 Printed Name

Signature

 Date



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

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

MAKE CHECK PAYABLE TO:

Name: Cody Cassiero

PeopleSoft Vendor ID: 3752

Address 1: 626 S Cochran Ave #11 1027 W. Sandison St

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

Address 2: Wilmington, CA

Check will be:

- Mailed to the address at left
 Picked up from Cashier - Ext 3253

City, State Zip: Los Angeles, CA 90036 90744

Description as it should appear on reports (30 characters)

Amount \$ \$187.50

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

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

* To be used by payroll department only.

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

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

Description and/or explanation of payment.
Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. <u>12/17/10 performance</u>
<input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765 731	90310			\$187.50
Total						\$187.50

Requested Mary Devins x3253
Printed Name & Extension

Signature

11/18/10
Date

Approved by: Dan Wakelee
Printed Name

Signature

11/18/10
Date



**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: Timothy Emmons _____

Address 1: 458 Rustic Drive _____

Address 2: _____

City, State Zip: Los Angeles, CA 90065 _____

Amount: \$ 250.00__

PeopleSoft Vendor ID: new _____

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)

Emmons 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"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License | <input checked="" type="checkbox"/> IRA Activity |
| <input type="checkbox"/> Interpreting/Note taking | <input type="checkbox"/> Registration/Conference | <input type="checkbox"/> Other- must be explained |

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

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for IRA sponsored Jazz Quartet Concert musician. Please see attached offer letter, flier, and IRA Proposal. 204 form is attached and has already been faxed to Procurement.

Date of Performance : 9/14/10

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	731	90310			\$250.00
Total						\$250.00

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

Requestor: Mary Devins x3253 _____
Printed Name & Extension

Mary Devins

Signature

9-1-10

Date

Approver: Dan Wakelee _____
Printed Name & Extension

Dan Wakelee

Signature

9-1-10

Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date



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: Joel Taylor _____

Address 1: 2761 Grandeur Ave _____

Address 2: _____

City, State Zip: Altadena, CA 91001 _____

Amount: \$ 250.00 _____

PeopleSoft Vendor ID: new _____

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)

Taylor 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"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License | <input checked="" type="checkbox"/> IRA Activity |
| <input type="checkbox"/> Interpreting/Note taking | <input type="checkbox"/> Registration/Conference | <input type="checkbox"/> Other- must be explained |

*Accounting Use Only

**Hampton Inn/Country Inn/Courtyard Marriott

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for IRA sponsored Jazz Quartet Concert musician. Please see attached offer letter, flier, and IRA Proposal. 204 form is attached and has already been faxed to Procurement.

Date of performance: 9/14/10

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	731	90310			\$250.00
Total						\$250.00

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

Requestor: Mary Devins x3253 _____
Printed Name & Extension

Signature

9-1-10

Date

Approver: Dan Wakelee _____
Printed Name & Extension

Signature

9-1-10

Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date



**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: Daniel K Murphy _____

Address 1: 1722 Cambridge Circle _____

Address 2: _____

City, State Zip: Redlands, CA 92374 _____

Amount: \$ 250 _____

PeopleSoft Vendor ID: new

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)

Murphy Honorarium _____

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

TYPE OF PAYMENT:

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

*Accounting Use Only

**Hampton Inn/Country Inn/Courtyard Marriott

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for IRA sponsored Jazz Quartet Concert musician. Please see attached offer letter, flier, and IRA Proposal. 204 form is attached and has already been faxed to Procurement.

Date of performance: 9/14/10

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	731	90310			\$250.00
Total						\$250.00

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

Requestor: Mary Devins x3253 _____
Printed Name & Extension

Mary Devins
Signature
9-1-10
Date

Approver: Dan Wakelee _____
Printed Name & Extension

Dan Wakelee
Signature
9-1-10
Date

Approver: _____
(If required) Printed Name & Extension

Signature
Date