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Dean's Office

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

Application
Instructionally Related Activities Funds Request
2010-2011 Academic Year
DEADLINE: Fall and Academic Year 3/31/10
Spring TBD

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. Tiina Ikonen*

Activity/Event Date(s): *September 21 and 28, October 6 and October 12, 2010*

Date Funding Needed By: *August 31, 2010*

****Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2010 and for Spring Requests early January 2011.**

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

- | | |
|---|---|
| <input type="checkbox"/> Equipment Purchase | <input type="checkbox"/> Field Trip |
| XX <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 |
| <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

Previously Funded: XXYES NO Yes, Request # TK 910 745 90117

Does your proposal require IRB (Institutional Review Board) approval: Yes XXNo

Assessment submitted for previously Funded Activity: XXYES NO

Academic Program or Center Name and Budget Code: *School of Education, 745*

Date of Submission: *3/31/10*

Amount Requested: *\$1,200*
(Should match item 2. E. on page 4)

Estimated Number of Students Participating: *40-60*

Application
Instructionally Related Activities Funds Request
2010-2011 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 - 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
2010-2011 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.

This project is directly linked to all courses under the CSUCI value of diversity. The primary audience are students in the School of Education (with about 450 undergraduate FTES and 250 post baccalaureate FTES). Diversity of ability is a California Commission on Teacher Credentialing standard which is enhanced through this project. The target programs include special education with its 2 credentials; multiple subject credential; single subject credential; educational leadership credential, and liberal studies and early childhood majors.

This successful project brings individuals with disabilities to our campus to talk to our undergraduate and teacher credential students about what it was like to go through school with a disability. The speakers are successful adults, having conquered the challenges of their disabilities, and either the non-supportive educational environments or uninvolved parents. For instance, the speakers in the past 5 semesters have included a young man with Down Syndrome who owns his own micro-enterprise business and his own home; a young man with autism who is successfully employed at an elementary school as a para-educator; a mother who was told that she should place her child in an institution but who fought the right for her child to be included in the community; a early childhood educator with a MA degree from CSUN who was told in high school that because of her learning disability, she is not college material and should bag groceries.

The aim of inviting guest speakers, who have disabilities themselves, is to emphasize the value of diversity. Individuals with disabilities are people first. We often talk about people with disabilities in the third person and as objects, versus placing them at the center of their dreams and aspirations. When CSUCI students have had opportunities to hear educational experiences and challenges directly from individuals with disabilities, they have been powerful and insightful, as reported by students both on formal student evaluations and on event evaluation forms. Although this event has occurred for 4 years, CSUCI student feedback and evaluations consistently plead for this event to continue. The credential programs are two semesters long, so no student will ever hear the presentations twice. As one evaluation comment stated about what was most interesting about the presentation: "... To understand that everybody with or without any type of disabilities can be somebody in life. What matters is to have the desire to do something and that we are our only obstacle— nothing else and nobody else."

The honorarium is necessary because many of the guest speakers do not drive and take the train to Camarillo.

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.

The guest speakers will be presenting in a cross listed course, EDSS/SPED 560 with about 40-50 students. However, students from other courses are invited to attend. Those courses include:

EDUC 101, EDUC 520, EDMS 520, EDLP 605, SPED/PSYCH 345, SPED 541, SPED 542, SPED 543, SPED 642

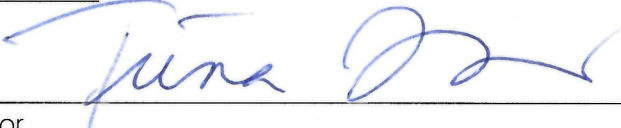
(A total of 10 courses in 6 School of Education programs.)

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.**

End-of-activity evaluations; formal student evaluations

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.

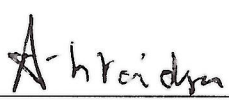
Signatures and Dates

 3/30/10

 Project Sponsor Date

 3/30/10

 Program Chair/Director Date

 4/17/10

 Dean of the Faculty Date

Application
Instructionally Related Activities Funds Request
2010-2011 Academic Year

ACTIVITY BUDGET FOR 2010-2011

I. 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)	Guest Speaker Honorarium 6 x 200 = 1,200

TOTAL Expenses \$1,200

2. Revenue

A. Course Fees	_____
B. Ticket Sales	_____
C. Out of Pocket Student Fees (exclusive of course fees)	_____
D. Additional Sources of funding (Please specify And indicate source)	_____

Total Revenue 0

E. **Total Requested from IRA** \$1,200



**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: Medina Supported Living _____

Address 1: 7610 Hollister Avenue #217 _____

Address 2: _____

City, State Zip: Goleta, CA 93117 _____

Amount: \$ 200.00 _____

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

PeopleSoft Vendor ID: 2901 _____

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)

Honorarium - Eileen Medina _____

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:

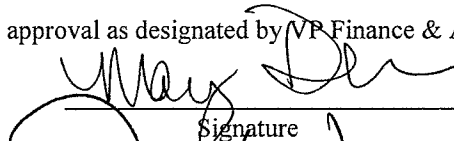
IRA event: Perspectives on Disability guest speaker on September 7, 2010. Vendor already in system. See accompanying offer letter, IRA Proposals and flier.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90306			\$200.00
Total						\$200.00

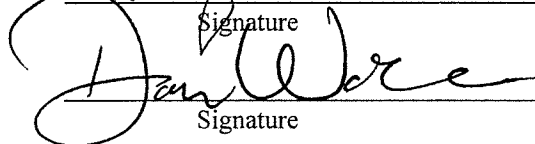
*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Mary Devins _____
Printed Name & Extension


Signature

9-1-10

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: Amber Hardy_____

Address 1: 5378 Dariesa Street_____

Address 2: _____

City, State Zip: Carpinteria, CA 93013_____

Amount: \$ 200.00__

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

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check Instructions:

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

Description to appear on reports (30 characters)

Honorarium - Amber Hardy_____

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:

IRA event: Perspectives on Disability guest speaker on September 7, 2010. Vendor already in system. See accompanying offer letter, IRA Proposals and flier.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90306			\$200.00
Total						\$200.00

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

Requestor: Mary Devins_____
Printed Name & Extension

Signature

9/11/10
Date

Approver: Dan Wakelee_____
Printed Name & Extension

Signature

9/11/10
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: Taking Care of Business _____

Address 1: 4326 Calle Real #64 _____

Address 2: _____

City, State Zip: Santa Barbara, CA 93101 _____

Amount: \$ 200.00 _____

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

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check Instructions:

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

Description to appear on reports (30 characters)

Honorarium - Matthew Medina _____

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:

IRA event: Perspectives on Disability guest speaker on September 7, 2010. Vendor already in system. See accompanying offer letter, IRA Proposals and flier.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90306			\$200.00
Total						\$200.00

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

Requestor: Mary Devins _____
Printed Name & Extension

Signature

9/11/10

Date

Approver: Dan Wakelee _____
Printed Name & Extension

Signature

9/11/10

Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date

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 Loren A. Dacanay
----------	---

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

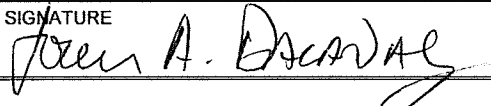
2399 Gillingham Circle

(CITY, STATE, and ZIP CODE)

Thousand Oaks, CA 91362

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] [] - [] [] [] [] [] [] [] []	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	<input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME [5][5][1]-[2][7]-[1][1][7][4] Loren Anthony Dacanay	

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
--	---	--

5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Loren A. Dacanay	TITLE Educator	
	SIGNATURE 	DATE 10/10/10	TELEPHONE NUMBER 805-241-7621



**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: Melinda Froelich _____

Address 1: PO Box 1357 _____

Address 2: _____

City, State Zip: Camarillo, CA 93011 _____

Amount: \$ 200.00 _____

PeopleSoft Vendor ID: 5185 _____

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)
Froelich 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:

IRA Event: Perspectives on Disability which was held on October 7, 2010. Vendor already in the system. Offer letter, flyer, and IRA Proposal attached.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90306			\$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

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: Grace Martin _____

Address 1: 2207 Avenida San Antero _____

Address 2: _____

City, State Zip: Camarillo, CA 93010 _____

Amount: \$ 200.00 _____

PeopleSoft Vendor ID: 5940 _____

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)
Honorarium - Grace Martin _____

*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:

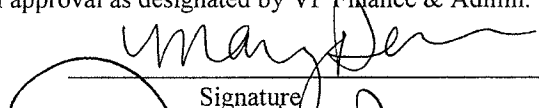
IRA event: Perspectives on Disability guest speaker on October 7, 2010. Vendor already in system. See accompanying offer letter, IRA Proposals and flier.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90306			\$200.00
Total						\$200.00

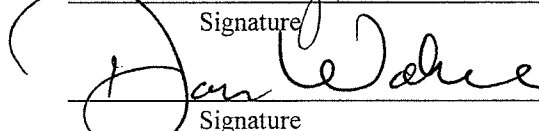
*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Mary Devins _____
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: Rebecca Hayden_____

Address 1: 12426 Sunnyglen Drive_____

Address 2: _____

City, State Zip: Moorpark, CA 93021_____

Amount: \$ 200.00__

PeopleSoft Vendor ID: 5230

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)

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:

IRA Event: Perspectives on Disability slated for October 7,2010. Vendor already in the system. Offer letter, flyer, and IRA Proposal accompanying this check request.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90306			\$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

9-1-10
Date

Approver: Dan Wakelee
Printed Name & Extension

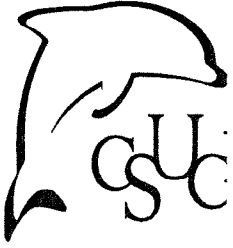
Signature

9/1/10
Date

Approver:
(If required) Printed Name & Extension

Signature

Date



**Instructionally Related Activities Funds (IRA)
2010-2011 Academic Year**

Budget Request & Program Set-Up

Date: August 24, 2010
To: Accounting & Budget
From: Mary Devins
Subject: IRA Funding Transfer Request # 356

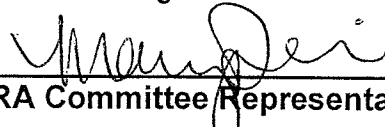
IRA Approved Campus contact: Tiina Itkonen
 Faculty Support Coordinator: Mary Devins

Program Set-Up	
Name of Program (limit to 30 characters)	Perspectives on Disability

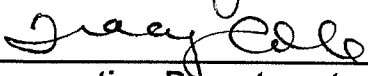
IRA Funding Source				
Account	Fund	Dept	Program	Monetary Amount
660003	TK910	745	90306	\$1200

Fiscal Year for Budgeting and Spending:	2010/2011
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*** Program codes will become inactive at the end of the Budgeted/Spending Fiscal Year ***


8-24-2010

 IRA Committee Representative Date


8/25/10

 Accounting Department Date

Attached: Applications for Approval Signed by University President or Representative Provost/Dean.
 Please return copy of completed/signed form to Mary Devins, Academic Affairs.

Budget Office Use

Program Set-Up:		PS Finance Chartfield		Notification		Update PubChartfield
Budget Set-Up:		Budget Journal Entry		Journal Entry #		Completed Date