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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 then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

**Activity Title: Mathematics Seminars**

Project Sponsor/Staff: Cindy Wyels, x3260; Support Personnel: Nitzia Castaniero, x8815

Activity/Event Date(s): weekly events throughout F'10 and S'11

Date Funding Needed By: F'10

\*\*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   |
| X Event   | <input type="checkbox"/> Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| <input type="checkbox"/> IT Requirements        | <input type="checkbox"/> Risk Management Consultation   |
| <input type="checkbox"/> International Travel   | <input type="checkbox"/> Late Submission  |
| <input type="checkbox"/> Space/OPC Requirements |   |
| <input type="checkbox"/> Infrastructure/Remodel |   |
| <input type="checkbox"/> Other _____            |   |

Previously Funded: YES                      Yes, Request #180, #306, others prior to AY08-09

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

Assessment submitted for previously Funded Activity: YES (for all but #306; the report for #306 will be submitted upon completion of the activity)

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

Date of Submission: March 20, 2010

Amount Requested: \$4500  
(Should match item 2. E. on page 4)

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

**Application**  
**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.

“Mathematics Seminar” consists of a series of invited lectures on contemporary mathematics. Presenters include CSUCI students and faculty as well as a large number of invited speakers per year. Topics are chosen from mathematics education, mathematics research and interdisciplinary applications of mathematics. Recent presentation topics have included applications of mathematics (tensors) to medical research and to better understanding quantum mechanics, a statistical model to investigate program effectiveness in decreasing negative behaviors associated with (national) on-campus alcohol use, radio labeling of graphs, stochastic modeling of chemical reactions, and industrial mathematics, among many others. Seminars are publicized and open to the entire campus and to the local community. We have between 20 and 60 participants in each seminar, which translates to roughly 400 students each semester. We request the funds to be able to cover costs (lodging, travel, etc.) and pay honoraria to our invited speakers during AY10-11.

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.

Students taking MATH 499 are the primary beneficiaries of these funds. However, other students with an interest in mathematics and in the applications of mathematics to other fields (e.g. to other sciences, including social sciences) also attend as interest dictates. In addition, students in MATH 492, MATH 497, UNIV 498, and LS 492 attend some seminars and use the seminar for the capstone presentations.

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

Mathematics Seminar uses attendance at seminars and student evaluations for MATH 499, MATH 492, MATH 497, and UNIV 498, and for LS 492 as appropriate to determine whether the program has attained its educational goals. We also use the feedback obtained from distinguished presenters to assess whether we have been good hosts.

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

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

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

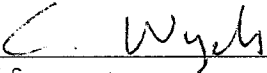
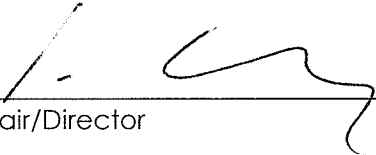
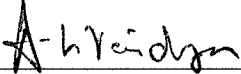
**TOTAL = \$5950 for speakers' honoraria and related costs (travel/lodging/etc) – estimate 20 funded speakers during AY10-11. (Estimated total number of speakers is 50.)**

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

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

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

 Project Sponsor	<u>3/30/10</u> Date
 Program Chair/Director	<u>3/30/10</u> Date
 Dean of the Faculty	<u>4/7/10</u> Date

Application  
Instructionally Related Activities Funds Request  
2010-2011 Academic Year

ACTIVITY BUDGET FOR **2010-2011**

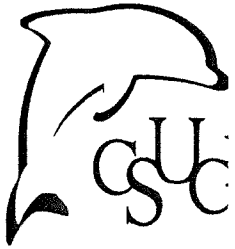
1. Operating Expense Budget

A. Supplies	<u>*allocated from program budget (~\$100)</u>
B. Vendor Printing	_____
C. In-State Travel	<u>approximately \$500</u>
D. Out-of-State Travel	<u>approximately \$2200</u>
E. Equipment Rental	<u>none</u>
F. Equipment Purchase	<u>none</u>
G. Contracts/Independent Contractors	<u>none</u>
H. Honorarium	<u>\$150 each for a total of \$3000</u>
I. OPC Chargeback	<u>none</u>
J. Copier Chargeback	<u>*allocated from program budget (~\$150)</u>
K. Other (Please Specify)	_____
 TOTAL	 <u>\$5950</u>

2. Revenue

A. Course Fees	<u>not applicable</u>
B. Ticket Sales	<u>None – so as to encourage participation</u>
C. Out of Pocket Student Fees (exclusive of course fees)	<u>None – so as to encourage participation</u>
D. Additional Sources of Funding (Please specify And indicate source)	<u>~\$250 from program budget</u>
E. <b>Total Requested from IRA</b>	<u>cost-sharing (see note below) -- ~\$1200</u> <b>\$4500</b>
 Total Revenue	 <u>\$5950</u>

Note re matching budget: We attempt to minimize costs by inviting speakers who are already traveling to Southern California for other reasons (e.g. to speak at a conference) and offering to share travel costs with other institutions (e.g., UCSB, CLU, Pepperdine) and associations (e.g., sectional Mathematical Association of America).



**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 # 365


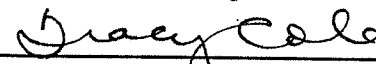
IRA Approved Campus contact: Cindy Wyels  
 Faculty Support Coordinator: Mary Devins

Program Set-Up	
Name of Program (limit to 30 characters)	Mathematics Seminars

IRA Funding Source				
Account	Fund	Dept	Program	Monetary Amount
660003	TK910	750	90312	\$4500

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

EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

Please follow the Requisition Guidelines for assistance. Incomplete Requisitions will be returned to Preparer.

PART I: EMPLOYEE INFORMATION. Fields include Date (12/14/2010), Department Name/Program (Mathematics), Preparer's Name (Mary Devins), Extension (3253), Employee/Student ID# (000532117), Employee's Name (Rasnow, Brian K), and Faculty type (Part Time Lecturer).

PART II: ACTION REQUESTED. Includes checkboxes for Appointment types (Temporary, Emergency, etc.), Promotion, Reassignment, etc. Effective Date of Action: 10/6/2010. Hire Special Consultant for Mathematics Seminar on 10/6/10.

PART III: POSITION/ASSIGNMENT INFORMATION. Comparison table between Current Assignment and Proposed Assignment. Includes Funding Source, Classification Level, Skill Level, Salary Range, and FTE/Time Base details.

PART IV: SIGNATURES/APPROVALS. Signatures and dates for Supervisor (Ivona Grzegorzcyk), Department Director (Dennis Muraoka), Budget Officer (Maria Tauber), Financial Aid Representative, and President/Designee (Dawn Newman).

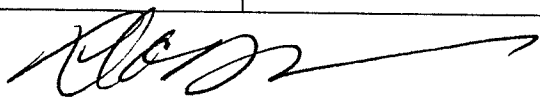
PART V: BUDGET USE ONLY. Fields for Apprvd PeopleSoft Position#, Budget Officer (Signature), Date, and Comments.

PART VI: HR USE ONLY. Includes Requisition #, In-Class or Re-class approved %, Initials of HR Rep, and Probationary Period details.

**Request for Consulting Services  
Academic Affairs  
CSU Channel Islands**

Consultant Information <sup>i</sup>			
Last Name: Rasnow	First Name: Brian	Emplid or last 4 digits of SSN: 000532117	
Street Address: 1000 S. Ventu Park Road	City: Newbury Park	State: CA	Zip: 91320
Phone (Day): 437-8815	Phone (Eve):	Email: brian.rasnow@csuci.edu	

Is this consulting work funded by a federal grant?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Brief Statement of Scope of Work:</b>			
A lecture at the Math Seminar series entitled : An independent scientist analyzes the Gulf oil spill and response.			
<b>Relevant Skills and Academic Background of Consultant:<sup>ii</sup></b>			
Ph.D. in Physics; experience in industry; multidisciplinary knowledge of physics, engineering, electronics, optics, materials, biology, neuroscience, ecology, biotechnology, pharmaceutical R & D, laboratory automation, computation, mathematics, experimental design, microfluidics, management, signal processing, software development			
<b>Product or Deliverables of the Employment:</b>			
Lecture on the evening of 10/6/2010			
<b>Consulting Period Start Date:<sup>iii</sup></b>		<b>Consulting Period End Date:</b>	
10/6/10		10/6/10	
<b>Recommended Daily Compensation:<sup>iv</sup></b>			
\$150			
<b>Recommended By: (Print Name)</b>		<b>Signature:</b>	<b>Date:</b>
Cindy Wyels		<i>C. Wyels</i>	12/14/10
<b>Approved By: (Print Name)</b>		<b>Signature:</b>	<b>Date:</b>
Ivona Grzegorzcyk		<i>I. Grzegorzcyk</i>	12/14/10



<sup>i</sup> This form **must** be accompanied by an Employee Requisition.

<sup>ii</sup> Attach a CV if not already employed by CSUCI.

<sup>iii</sup> Consulting Period Start and End dates must match dates on the accompanying Employee Requisition.

<sup>iv</sup> Amount must be reflected in whole dollars as a "daily" and NOT hourly amount.





Mary - OK, I was  
 wrong - one more  
 reimbursement (Seminar  
 IRA). Is more  
 than this  
 receipt needed?  
 (for Winifried Just)

Thanks,  
 Cindy

FIRST CLASS



02 1M  
 0004264333  
 MAILED FROM ZIP CODE 43218  
**\$00.106**  
 PRIORITY SERVICES  
 UNITED STATES POSTAGE

**DELTA**  
 JUST / WINFRIED

ETKT PASSENGER RECEIPT  
 NOT TRANSFERABLE

PAGE 2 OF 3

DATE / PLACE OF ISSUE 17Oct10  
 ISS ACT ID AA / AY /  
 IATA 45537284  
 CONF NBR  
 GYU3P3

ENDORSEMENTS NONREFUNDABLE / CHANGE FEE MAY APPLY

FARE CALCULATION CVG DL LAX144.19UE21A0NJ DL CVC223.25KE07A0NA USD367.44END ZPC  
 VGLAX XF CVC3LAX4.5

USD 367.44  
 TAX 47.46  
 FORM OF PAYMENT CC VI \*\*\*\*\*3643

USD114.90  
 DUPLICATE 1 0067929177175 6  
 DUPLICATE

Hi, Winfried Sign Out Help

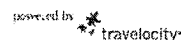
Yahoo! Mail



Search

Web Search

Home Hotels Flights Cars Vacations Cruises Travel Guides Trip Plans



Your trip details

Know Before You Go

- Print this page and keep for your records.
- Read the policies.
- Contact us immediately if any issues arise with your reservation before or during your trip.

Note: We sent a confirmation message to the email address you provided (just@math.ohiou.edu).

Your Yahoo! Travel Trip ID is: 1029 0843 1920

Your phone number for this trip: 740-592-3979

This is an e-ticket, so no paper ticket will be mailed to you. [What is an e-ticket?](#)  
 Please note: [Seat requests](#) are not guaranteed and may be changed by the airline.  
 In addition, [flight schedules](#) may be changed by the airline.

Itinerary

Primary Contact: Winfried Just  
 For questions about this itinerary, call 888-Yahoo! Travel, (888-924-6687)

Travel Tools:  
[Look up flight status](#)

Flight: 2 Round-Trip Tickets

All flight times are local to each city.

For your boarding pass, use reference code GYU3P3 for online or airport check-in.

Sat, Nov 13, 2010 Cincinnati Northern Kentucky International Airport (CVG) to Los Angeles International Airport (LAX)

Depart: 04:10pm	Cincinnati, OH (CVG) to	Delta Air Lines
Arrive: 05:55pm	Los Angeles, CA (LAX)	Flight 1833 (on Boeing 737-800)
		Confirmation #: GYU3P3
		<a href="#">Adult fare rules</a>

Requested Seats: 25F, 29E  
 Total Travel Time: 4 hrs 45 mins

For your boarding pass, use reference code GYU3P3 for online or airport check-in.

Sun, Nov 21, 2010 Los Angeles International Airport (LAX) to Cincinnati Northern Kentucky International Airport (CVG)

Depart: 11:05am	Los Angeles, CA (LAX) to	Delta Air Lines
Arrive: 06:15pm	Cincinnati, OH (CVG)	Flight 1814 (on Boeing 737-800)
		Confirmation #: GYU3P3
		<a href="#">Adult fare rules</a>

Requested Seats: 30B, 30A  
 Total Travel Time: 4 hrs 10 mins

Passenger Name	Frequent Flyer Information
Winfried Just	2180870483
Ewelina Skoracka-Just	2180870533

Travel Alert!

The TSA has adjusted its ban on liquids, aerosols, and gels, so you can now carry the following items on board your flight:

- Travel-size toiletries (3 ounces or less) that fit comfortably in a quart-size, clear plastic zip-top bag. One zip-top bag is permitted per passenger. Beverages and other items purchased in the secure boarding area.
- At the security checkpoint, place the zip-top bag of liquids in a bin or on the conveyor belt for inspection.
- Passengers carrying on larger amounts of prescription liquid medications, baby formula, and diabetic glucose treatments must declare these at the security checkpoint for additional screening.

Arrive at the airport early. Enhanced security measures may mean longer lines at security checkpoints.

This new security policy applies to all domestic and international flights departing from U.S. airports. We always recommend checking the TSA Web site ([www.tsa.gov](http://www.tsa.gov)) for the most up-to-date information about security procedures. If you are departing from a non-U.S. airport, be sure to check that airport's security policies and pack accordingly.

Pricing

2 Adults:	\$790.00 ( \$395.00 per person )
Taxes & Fees:	\$53.78
<b>Total:</b>	<b>\$843.78</b>



California State University Channel Islands  
Check Request Form

365

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

**MAKE CHECK PAYABLE TO:**

Name: Mark Schilling \_\_\_\_\_

Address 1: Department of Mathematics \_\_\_\_\_

Address 2: CSU Northridge \_\_\_\_\_

City, State Zip: Northridge, CA 91330 \_\_\_\_\_

Amount: \$ 150.00 \_\_\_\_\_

PeopleSoft Vendor ID: new \_\_\_\_\_

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)

Schilling 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- <b>must</b> 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:**

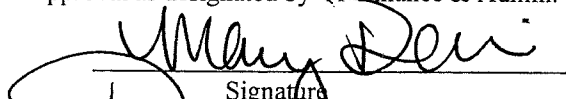
Honorarium for speaker for Mathematics Seminar. Was on campus 10/20/10. Offer letter attached. IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

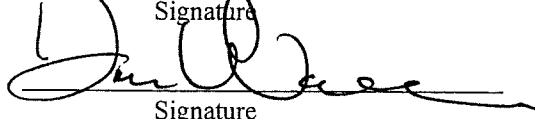
\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

  
Signature

12/10/10  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

  
Signature

\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**From:** Wyels, Cindy  
**Sent:** 9/27/2010  
**To:** Schilling, Mark  
**Subject:** CSUCI Graduate Seminar

Dear Mark,

Thank you for agreeing to give a presentation in our seminar series on Oct. 20. When you get a chance, could you please send me a title and abstract so I can publicize your seminar appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

The seminar room is in the library: 2325 (upstairs and to the left). We get the room at 5:30; we have refreshments and social time until 6 p.m. The talk itself is from 6:00 to 7:00 p.m. (Ideally you'd finish a few minutes before 7:00 so there'd be some time for questions.) As you know, the audience is primarily composed of first-year masters students and faculty; broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what is needed to process the \$150 stipend we've offered.

Of course, if I've forgotten anything, please don't hesitate to ask. I look forward to your talk.

Cindy

Cynthia J. Wyels, Ph.D.  
Assoc. Prof., Mathematics  
Director, Masters in Mathematics Program  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



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

365

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

**MAKE CHECK PAYABLE TO:**

Name: Joe Latulippe\_\_\_\_\_

Address 1: 1135 N. Catalina Street\_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Burbank, CA 91505\_\_\_\_\_

Amount: \$ 150.00\_\_

PeopleSoft Vendor ID: new\_\_\_\_\_

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)

Latulippe 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- <b>must</b> 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 speaker for Mathematics Seminar. Was on campus 10/26/10. Offer letter attached. IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

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<b>Total</b>						\$150.00

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

**Requestor:** Mary Devins x3253\_\_\_\_\_  
Printed Name & Extension

Signature

12/10/10  
Date

**Approver:** Dan Wakelee\_\_\_\_\_  
Printed Name & Extension

Signature

\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**From:** Wyels, Cindy  
**Sent:** 10/14/2010  
**To:** Latulippe, Joe  
**Subject:** CSUCI Graduate Seminar

Dear Joe,

Thank you for agreeing to give a presentation in our seminar series on Oct. 27. When you get a chance, could you please send me a title and abstract so I can publicize your seminar appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

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Of course, if I've forgotten anything, please don't hesitate to ask. I look forward to your talk.

Cindy

Cynthia J. Wyels, Ph.D.  
Assoc. Prof., Mathematics  
Director, Masters in Mathematics Program  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



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

365

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

**MAKE CHECK PAYABLE TO:**

Name: Robert Rovetti \_\_\_\_\_

Address 1: 7525 W Manchester Ave #502 \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Los Angeles, CA 90045 \_\_\_\_\_

Amount: \$ 150.00 \_\_\_\_\_

PeopleSoft Vendor ID: \_new\_

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)

Rovetti 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- <b>must</b> 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:**

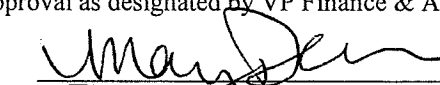
Honorarium for speaker for Mathematics Seminar. Was on campus 9/29/10. Offer letter attached. IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

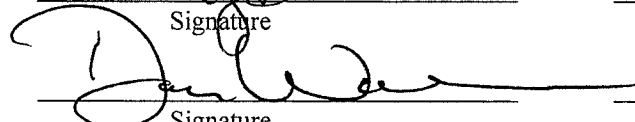
\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**From:** Wyels, Cindy  
**Sent:** 9/13/2010  
**To:** Robert Rovetti  
**Subject:** CSUCI Graduate Seminar

Dear Robert,

Thank you for agreeing to give a presentation in our seminar series on Sept. 29. When you get a chance, could you please send me a title and abstract so I can publicize your seminar appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

I'm attaching directions to CSUCI as well as a campus map indicating

- the library (there's also a parking lot behind the library)
- Parking Services (a good place to park if the library lots are full)

You should have already received a parking permit in the mail; please let me know if this is not the case.

I'll head over to the library sometime between 5 and 5:30. If you have any trouble getting here or finding your way once on campus, please call me on my cell: 805-807-2791. Ditto for getting here early, particularly if I can treat you to a coffee or something...

The seminar room is in the library: 2325 (upstairs and to the left). We get the room at 5:30; we have refreshments and social time until 6 p.m. The talk itself is from 6:00 to 7:00 p.m. (Ideally you'd finish a few minutes before 7:00 so there'd be some time for questions.) As I mentioned earlier, the audience is primarily composed of first-year masters students and faculty; broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what is needed to process the \$150 stipend we've offered.

Of course, if I've forgotten anything, please don't hesitate to ask. I look forward to seeing you in a couple of weeks!

Cindy

Cynthia J. Wyels, Ph.D.  
Assoc. Prof., Mathematics  
Director, Masters in Mathematics Program  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



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

365

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

**MAKE CHECK PAYABLE TO:**

Name: Kellie Evans \_\_\_\_\_

Address 1: 2857 Maiden Lane \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Altadena, CA 91001 \_\_\_\_\_

Amount: \$ 150.00 \_\_\_\_\_

PeopleSoft Vendor ID: \_new\_

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)

Evans 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- <b>must</b> 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 speaker for Mathematics Seminar. Was on campus 11/3/10. Offer letter attached. IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

\*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

12/10/10  
\_\_\_\_\_  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

*Dan Wakelee*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**From:** Wyels, Cindy  
**Sent:** 10/21/2010  
**To:** Evans, Kellie  
**Subject:** CSUCI Graduate Seminar

Dear Kellie,

Thank you for agreeing to give a presentation in our seminar series on Nov. 3. When you get a chance, could you please send me a title and abstract so I can publicize your seminar appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

The seminar room is in the library: 2325 (upstairs and to the left). We get the room at 5:30; we have refreshments and social time until 6 p.m. The talk itself is from 6:00 to 7:00 p.m. (Ideally you'd finish a few minutes before 7:00 so there'd be some time for questions.) As you know, the audience is primarily composed of first-year masters students and faculty; broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what is needed to process the \$150 stipend we've offered.

Of course, if I've forgotten anything, please don't hesitate to ask. I look forward to your talk.

Cindy

Cynthia J. Wyels, Ph.D.  
Assoc. Prof., Mathematics  
Director, Masters in Mathematics Program  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



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

365

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

**MAKE CHECK PAYABLE TO:**

Name: Timothy Lucas \_\_\_\_\_

Address 1: 29619 Windsong Lane \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Agoura Hills, CA 91301 \_\_\_\_\_

Amount: \$ 150.00 \_\_\_\_\_

PeopleSoft Vendor ID: new \_\_\_\_\_

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)

Lucas 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- <b>must</b> be explained |

\*Accounting Use Only

\*\*Hampton Inn/Country Inn/Courtyard Marriott

**DESCRIPTION AND/OR EXPLANATION OF PAYMENT:**

Honorarium for speaker for Mathematics Seminar. Was on campus 11/10/10. Offer letter attached. IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

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

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

\_\_\_\_\_  
Signature

12/10/10  
\_\_\_\_\_  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**From:** Wyels, Cindy  
**Sent:** 10/28/2010  
**To:** Lucas, Timothy  
**Subject:** CSUCI Graduate Seminar

Dear Tim,

Thank you for agreeing to give a presentation in our seminar series on Nov. 10. When you get a chance, could you please send me a title and abstract so I can publicize your seminar appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

The seminar room is in the library: 2325 (upstairs and to the left). We get the room at 5:30; we have refreshments and social time until 6 p.m. The talk itself is from 6:00 to 7:00 p.m. (Ideally you'd finish a few minutes before 7:00 so there'd be some time for questions.) As you know, the audience is primarily composed of first-year masters students and faculty; broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what is needed to process the \$150 stipend we've offered.

Of course, if I've forgotten anything, please don't hesitate to ask. I look forward to your talk.

Cindy

Cynthia J. Wyels, Ph.D.  
Assoc. Prof., Mathematics  
Director, Masters in Mathematics Program  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



California State University Channel Islands  
Check Request Form

365

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

**MAKE CHECK PAYABLE TO:**

Name: Winifred Just \_\_\_\_\_

Address 1: Dept of Mathematics/Ohio University \_\_\_\_\_

Address 2: 321 Morton Hall \_\_\_\_\_

City, State Zip: Athens, OH 45701 \_\_\_\_\_

Amount: \$ 650.00 \_\_\_\_\_

PeopleSoft Vendor ID: new \_\_\_\_\_

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)

Just 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- <b>must</b> 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:**

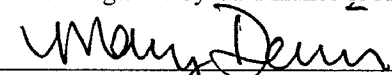
Honorarium for speaker for Mathematics Seminar. Was on campus 11/17/10. Offer letter attached. IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$650.00
					<b>Total</b>	\$650.00

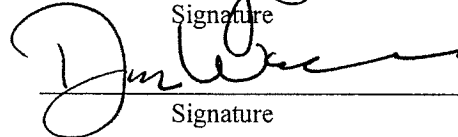
\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

  
Signature

12-13-10  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

  
Signature

\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**From:** Wyels, Cindy  
**Sent:** 10/14/2010  
**To:** Just, Winfried  
**Subject:** CSUCI Graduate Seminar

Dear Professor Just,

Ivona tells me that you might respond favorably to an invitation to speak at CSU Channel Islands. May I invite you to present in our graduate seminar? We meet Wednesday evenings, 6:00 - 7:00 p.m. (People gather after 5:30 to socialize and meet the speaker. Talks start at 6:00; speakers should prepare 50 - 55 min. talks.) The audience consists primarily of first-year masters students and faculty from Mathematics, with occasional participation from other members of the community, including undergraduates. Expository talks generally go over well--expository talks about applied mathematics are most enthusiastically received.

This fall the possibilities are Nov. 3 and Nov. 17. Of course, if neither of these fit your schedule, we'd be happy to host you during the spring semester. We will be happy to offer you \$650 in gratitude for speaking at our campus and as partial reimbursement for your travel costs.

Thanks for even considering this invitation!

Cynthia J. Wyels, Ph.D.  
Professor of Mathematics  
Director, Masters in Mathematics Program  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



**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: Anthony Shaheen  
 Address 1: 1957 Galbreth Road  
 Address 2: \_\_\_\_\_  
 City, State Zip: Pasadena, CA 91104  
 Amount: \$ 150.00      \*Check will only be held for 48 hours after notification before being mailed out.

PeopleSoft Vendor ID: New  
 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)  
Shaheen 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 guest speaker at Mathematics Seminars, an IRA sponsored event. Offer letter and IRA proposal attached. 204 form is attached and was previously faxed to Procurement.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

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

**Requestor:** Mary Devins x3253  
 Printed Name & Extension

**Approver:** Dan Wakelee  
 Printed Name & Extension

**Approver:** \_\_\_\_\_  
 (If required) Printed Name & Extension

Mary Devins  
 Signature

Dan Wakelee  
 Signature

\_\_\_\_\_  
 Signature

9-16-10  
 Date

9-16-10  
 Date

\_\_\_\_\_  
 Date



Dear Tony,

Thank you for agreeing to give a presentation in our seminar series on Sept. 15. When you get a chance, could you please send me a title and abstract so I can publicize your seminar appropriately?

I'm attaching directions to CSUCI as well as a campus map indicating

- Parking Services (where there will be a parking permit with your name on it waiting for you)
- the library

You'll probably want to park in lot A1 (where you pick up the permit) or in front of the library.

I'll head over to the library sometime between 5 and 5:30. If you have any trouble getting here or finding your way once on campus, please call me on my cell: 805-807-2791. Ditto for getting here early, particularly if I can treat you to a coffee or something!

The seminar room is in the library: 2325 (upstairs and to the left). We get the room at 5:30; we have refreshments and social time until 6 p.m. The talk itself is from 6:00 to 7:00 p.m. (Ideally you'd finish a few minutes before 7:00 so there'd be some time for questions.) As I mentioned earlier, the audience is primarily composed of first-year masters students and faculty; broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what's needed to process the \$150 stipend we've offered.

Of course, if I've forgotten anything, please don't hesitate to ask.

I look forward to seeing you next Wednesday!

Cindy Wyels



## 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: Silvia Heubach \_\_\_\_\_

Address 1: 6178 Springvale Drive \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Los Angeles, CA 90042 \_\_\_\_\_

Amount: \$ 150.00 \_\_\_\_\_

PeopleSoft Vendor ID: New \_\_\_\_\_

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)

Heubach 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- <b>must</b> 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 guest speaker at Mathematics Seminars, an IRA sponsored event. Offer letter and IRA proposal attached. 204 form is attached and was previously faxed to Procurement.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

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

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

Signature

9-16-10  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

Signature

9-16-10  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dear Silvia,

Thank you for agreeing to give a presentation in our seminar series on Sept. 8. When you get a chance, could you please send me a title and abstract so I can publicize your seminar appropriately?

I'm attaching directions to CSUCI as well as a campus map indicating

- Parking Services (where there will be a parking permit with your name on it waiting for you)
- the library

You'll probably want to park in lot A1 (where you pick up the permit) or in front of the library.

I'll head over to the library sometime between 5 and 5:30. If you have any trouble getting here or finding your way once on campus, please call me on my cell: 805-807-2791. Ditto for getting here early, particularly if I can treat you to a coffee or something!

The seminar room is in the library: 2325 (upstairs and to the left). We get the room at 5:30; we have refreshments and social time until 6 p.m. The talk itself is from 6:00 to 7:00 p.m. (Ideally you'd finish a few minutes before 7:00 so there'd be some time for questions.) As I mentioned earlier, the audience is primarily composed of first-year masters students and faculty; broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what's needed to process the \$150 stipend we've offered.

Of course, if I've forgotten anything, please don't hesitate to ask.

I look forward to seeing you next Wednesday!

Cindy Wyels



California State University Channel Islands  
Check Request Form

365

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

**MAKE CHECK PAYABLE TO:**

Name: Lance Miller \_\_\_\_\_

Address 1: 714 3rd Ave \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Salt Lake City, UT 84103 \_\_\_\_\_

Amount: \$ 910.00 \_\_\_\_\_

PeopleSoft Vendor ID: new \_\_\_\_\_

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)

Miller 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- <u>must</u> be explained |

\*Accounting Use Only

\*\*Hampton Inn/Country Inn/Courtyard Marriott

**DESCRIPTION AND/OR EXPLANATION OF PAYMENT:**

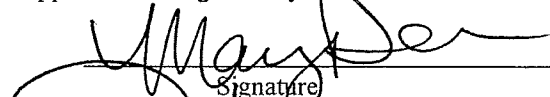
Honorarium for speaker for Mathematics Seminar. Was on campus 2/16/11. Offer letter attached. IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$910.00
<b>Total</b>						\$910.00

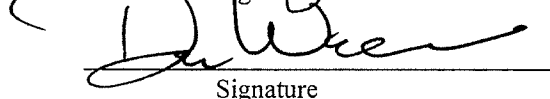
\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

  
Signature

3-2-11  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

  
Signature

3/3/11  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**From:** Wyels, Cindy  
**Sent:** 1/26/2011  
**To:** Miller, Lance  
**Subject:** CSUCI Mathematics Seminar Talks

Dear Lance,

Thank you for agreeing to give two presentations in our seminar series on February 16, 2011. When you get a chance, could you please send me the titles and abstracts so we can publicize these seminars appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

The seminars will both be in the library: 2325 (upstairs and to the left). The first is from 4:30 – 5:30. We have refreshments and social time until 6 p.m. The second talk is from 6:00 to 7:00 p.m. Broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what is needed to process your stipend. We're happy to offer you \$910 towards your travel and lodging, as well as to partially reimburse you for your time spent creating and delivering these talks.

Of course, if I've forgotten anything, please don't hesitate to ask. I look forward to meeting you in person.

Cindy

Cynthia J. Wyels, Ph.D.  
Professor of Mathematics  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



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

365

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

**MAKE CHECK PAYABLE TO:**

Name: Michelle LeBlanc \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: 60 West Olsen Road, MC#3400 \_\_\_\_\_

City, State Zip: Thousand Oaks, CA 91360 \_\_\_\_\_

Amount: \$ 300.00 \_\_\_\_\_

PeopleSoft Vendor ID: \_new\_\_\_\_\_

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)

LeBlanc 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- <b>must</b> 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 speaker for Mathematics Seminar. Was on campus 3/2/11. Offer letter attached. IRA sponsored event. IRA proposal attached. 204 form was previously faxed to Procurement and is attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$300.00
<b>Total</b>						\$300.00

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

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

\_\_\_\_\_  
Signature

3/10/11  
\_\_\_\_\_  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

\_\_\_\_\_  
Signature

3/10/11  
\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**From:** Wyels, Cindy  
**Sent:** 2/18/2011  
**To:** LeBlanc, Michele  
**Subject:** CSUCI Mathematics Seminar Talks

Dear Michele,

Thank you for agreeing to give two presentations in our seminar series on March 2, 2011. When you get a chance, could you please send me the titles and abstracts so we can publicize these seminars appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

The seminars will both be in the library: 2325 (upstairs and to the left). The first is from 4:30 – 5:30. We then have refreshments and social time until 6 p.m. The second talk is from 6:00 to 7:00 p.m. Broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what is needed to process your stipend. We're happy to offer you \$300 as thanks for the time you'll spend creating and delivering these talks.

Of course, if I've forgotten anything, please don't hesitate to ask.

Cindy

Cynthia J. Wyels, Ph.D.  
Professor of Mathematics  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>

305

EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

Please follow the Requisition Guidelines for assistance. Incomplete Requisitions will be returned to Preparer.

**PART I: EMPLOYEE INFORMATION**

Date: 3/8/2011	Department Name/Program: Mathematics	Preparers Name: Mary Devins	Extension: 3253
Employee/Student ID#: 000532117		Staff/Student: <input type="checkbox"/> Staff <input type="checkbox"/> MPP <input checked="" type="checkbox"/> Special Consultant <input type="checkbox"/> Student Assistant <input type="checkbox"/> FWS Student Assistant <input type="checkbox"/> Emergency Hire (See Guidelines) <input type="checkbox"/> Other Please Specify:	
Employee's Name: (Last, First, Middle Initial- **As it reads on Social Security card**) Leave blank for Recruitment: <b>Rasnow, Brian K</b>		Faculty: <input type="checkbox"/> Full Time Tenure Track <input type="checkbox"/> Full Time Lecturer <input checked="" type="checkbox"/> Part Time Lecturer	
		Sabbatical Eligibility Date: Month Year	Difference In Pay Eligibility Date: Month Year

**PART II: ACTION REQUESTED - (Select ALL that apply) See Guidelines for definitions**

<input type="checkbox"/> Appointment - No Ending Date <input checked="" type="checkbox"/> Temporary Appointment - with Ending Date <input type="checkbox"/> Emergency Appointment (See Emergency Hire Guidelines) <input type="checkbox"/> Additional/Concurrent Assignment <input type="checkbox"/> Reassignment (including Pay Plan Change) <input type="checkbox"/> Change from Temporary to Probationary/Permanent <input type="checkbox"/> Credit temp full-time service to probationary period # mos <input type="checkbox"/> Time Base Change: <u>    </u> Permanent <u>    </u> Temporary <input type="checkbox"/> Salary Rate Change	<input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification <input type="checkbox"/> In-Range/In-Class Progression Status in new classification: <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Early Reinstatement from Full/Partial Leave <input type="checkbox"/> Retired Annuitant Appointment (Limited to 960 hours per Fiscal year) <input type="checkbox"/> Demotion <input type="checkbox"/> Working Title Change <input type="checkbox"/> Supervisor Change <input type="checkbox"/> Stipend for UNIT: <input type="checkbox"/> Funding Source Change <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Difference in Pay Leave Fall Spring		
Effective Date of Action: 3/9/2011	Ending Date (if temporary): 3/9/2011	Supervisor's Name/Title Ivona Grzegorzczuk	Extension 8868
Explanation of Action: <input type="checkbox"/> Revised Requisition		**Special Consultants Only -- NTE \$ Amount/ Total # of Days NTE \$150 / 1day	
Hire Special Consultant for Mathematics Seminar on 3/9/2011			

**PART III: POSITION ASSIGNMENT INFORMATION** [Click here to reference the CSU Salary Schedule](#)

FROM	Current Assignment - Complete all Blocks (For: Current Employee - Non-Recruitment Actions)	TO	Proposed Assignment - Complete all Blocks (For: All Recruitment & Non-Recruitment Actions)
Funding Source 1: 601801 TK910 750 90312	% Split: 100	Funding Source 1:	% Split:
Funding Source 2:	% Split:	Funding Source 2:	% Split:
Funding Source 3:	% Split:	Funding Source 3:	% Split:
Division/Department/Program Accademic Affairs/Mathematics 750, IRA Project		Division/Department/Program	
*Classification Level (CSU Title) Special Consultant		*Classification Level (CSU Title)	
*Skill Level (if applicable)		*Skill Level (if applicable)	
Working Title (if applicable) Special Consultant		Working Title (if applicable)	
*Class Code/Range or Grade (#### / #) 4660		*Class Code/Range or Grade (#### / #)	
*Classification Salary Range		*Classification Salary Range	
FTE/Time Base/Semester Fraction	Pay Plan (Months Off for 10/12 & 11/12 Plans) <input type="checkbox"/> AY <input type="checkbox"/> 10/12 ( ) & ( ) <input type="checkbox"/> 11/12 ( )	FTE/Time Base/Semester Fraction	Pay Period(s) Off (10/12 & 11/12 Plans) <input type="checkbox"/> AY <input type="checkbox"/> 10/12 ( ) & ( ) <input type="checkbox"/> 11/12 ( )
FT Monthly Salary Rate \$	Actual Salary Rate \$ 150.00 <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input checked="" type="checkbox"/> Daily	Stipend Amt \$	FT Monthly Salary Rate \$
			Actual Salary Rate \$ <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input type="checkbox"/> Daily
			Stipend Amt \$

**PART IV: SIGNATURES/APPROVALS**

Name of Supervisor/Title: <b>PRINT</b> Ivona Grzegorzczuk/ Mathematics Chair	Signature:	Date: 3/8/11	EXT:
Name of Department/Division Director: <b>PRINT</b> Dennis Muraoka, Interim Dean	Signature:	Date: 3-9-11	EXT:
Name of Department Budget Officer: <b>PRINT</b> Maria Tauber FA Mgr/Kris Muller AR Mgr	Signature:	Date: 3/14/11	EXT:
Name of Financial Aid Representative (required on FWS)	Signature:	Date:	EXT:
Name of President/Designee: <b>PRINT</b> Dawn Newman, Provost of Academic Affairs	Signature:	Date: 3-14-11	EXT:

**PART V: BUDGET USE ONLY** UNIT #:

Apprvd PeopleSoft Position#:	Budget Officer (Signature):	Date:	Comments:
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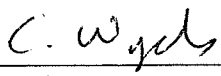

**PART VI: HR USE ONLY** REQUISITION #:

Reimbursed Moving Expenses (if applicable) Maximum amount authorized - \$	AD \$\$ Y N	Unit 8 POST Cert(s) (level):	Transfer of Credits from another State Agency: Vacation: Data Transfer Form Received <input type="checkbox"/>	Rep Initials of HR
<b>Probationary Period</b>		<b>Permanency</b>	<b>MPP Job Cd:</b>	<b>Documented by:</b>
Type ly N	Begin:	End:	Date Eligible:	Initials Date



**Request for Consulting Services  
Academic Affairs  
CSU Channel Islands**

<b>Consultant Information<sup>i</sup></b>			
Last Name: Rasnow	First Name: Brian	Emplid or last 4 digits of SSN: 000532117	
Street Address: 1000 S. Ventu Park Road	City: Newbury Park	State: CA	Zip: 91320
Phone (Day): 437-8815	Phone (Eve):	Email: brian.rasnow@csuci.edu	

<b>Is this consulting work funded by a federal grant?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Brief Statement of Scope of Work:</b> A lecture at the Math Seminar series entitled: Engineering for the other 90% of us: an overview and an in depth example.			
<b>Relevant Skills and Academic Background of Consultant:<sup>ii</sup></b> Ph.D. in Physics; experience in industry; multidisciplinary knowledge of physics, engineering, electronics, optics, materials, biology, neuroscience, ecology, biotechnology, pharmaceutical R&D, laboratory automation, computation, mathematics, experimental design, microfluids, management, signal processing, software development.			
<b>Product or Deliverables of the Employment:</b> Lecture on the evening of March 9, 2011.			
<b>Consulting Period Start Date:<sup>iii</sup></b> 3/9/2011		<b>Consulting Period End Date:</b> 3/9/2011	
<b>Recommended Daily Compensation:<sup>iv</sup></b> \$150			
<b>Recommended By: (Print Name)</b> Cindy Wyels		<b>Signature:</b> 	<b>Date:</b> 3/8/11
<b>Approved By: (Print Name)</b> Ivona Grzegorzcyk		<b>Signature:</b> 	<b>Date:</b> 3/8/11

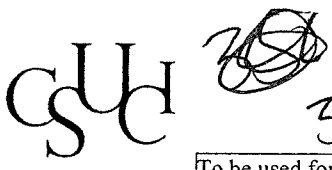
<sup>i</sup> This form **must** be accompanied by an Employee Requisition.

<sup>ii</sup> Attach a CV if not already employed by CSUCI.

<sup>iii</sup> Consulting Period Start and End dates must match dates on the accompanying Employee Requisition.

<sup>iv</sup> Amount must be reflected in whole dollars as a "daily" and NOT hourly amount.





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: Eduardo Montoya \_\_\_\_\_

Address 1: 449 Livers St \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Shafter, CA 93263 \_\_\_\_\_

Amount: \$ 300.00 \_\_\_\_\_

PeopleSoft Vendor ID: new \_\_\_\_\_

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)

Montoya 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 speaker for Mathematics Seminar. Was on campus 3/16/11. Offer letter attached.  
 IRA sponsored event. IRA proposal attached.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$300.00
<b>Total</b>						\$300.00

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

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
 Printed Name & Extension

\_\_\_\_\_  
 Signature

3/17/11  
 \_\_\_\_\_  
 Date

**Approver:** Dan Wakelee \_\_\_\_\_  
 Printed Name & Extension

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Approver:** \_\_\_\_\_  
 (If required) Printed Name & Extension

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**From:** Wyels, Cindy  
**Sent:** 2/26/2011  
**To:** Montoya, Eduardo  
**Subject:** CSUCI Mathematics Seminar Talks

Dear Eduardo,

Thank you for agreeing to present in our seminar series on March 16, 2011. When you get a chance, could you please send me the titles and abstracts so we can publicize these seminars appropriately? (We typically post flyers and send e-mail announcements the Thursday before a seminar.)

The seminars will both be in the library: 2325 (upstairs and to the left). The first is from 4:30 – 5:30. We have refreshments and social time until 6 p.m. The second talk is from 6:00 to 7:00 p.m. Broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

If you get a chance to fill out the attached form and return it (scan and e-mail to me, fax to 805-437-8864, or simply bring it with you), it's what is needed to process your stipend. We're happy to offer you \$300 towards your travel and lodging, as well as to partially reimburse you for your time spent creating and delivering these talks.

Of course, if I've forgotten anything, please don't hesitate to ask. I look forward to meeting you in person.

Cindy

Cynthia J. Wyels, Ph.D.  
Professor of Mathematics  
CSU Channel Islands  
<http://faculty.csuci.edu/cynthia.wyels/MSMath/>



California State University Channel Islands  
Check Request Form

365

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

**MAKE CHECK PAYABLE TO:**

Name: Emad Elias \_\_\_\_\_

Address 1: 10108 Odessa Ave \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: North Hills, CA 91343 \_\_\_\_\_

Amount: \$ 100.00 \_\_\_\_\_

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)

Elias 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- <b>must</b> 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:**

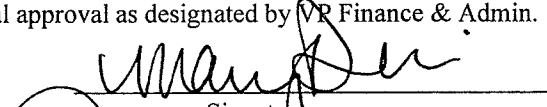
Honorarium for Emad Elias, Mathematics Seminar guest speaker. Offer letter attached. 204 form attached and was previously faxed to Procurement.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$100.00
<b>Total</b>						\$100.00

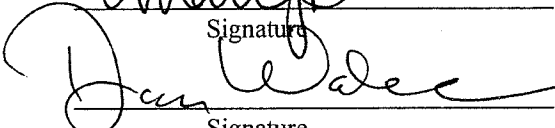
\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins \_\_\_\_\_  
Printed Name & Extension

  
\_\_\_\_\_  
Signature

5/9/11  
\_\_\_\_\_  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approver:** \_\_\_\_\_  
(If required) Printed Name & Extension

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Channel Islands

CALIFORNIA STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS

Dear Mr. Elias,

Dr. Grzegorzczuk gave me your name as someone who would be interested in speaking at our senior math seminar at CSU Channel Islands. It meets on Wednesdays from 4:30-5:30 pm. Are you still interested? If so, the dates we have available are:

Feb 2

March 2, 16

April 6, 20

May 4

We are able to offer a \$100 honorarium and free parking. Please let me know what you think. We would love to have you.

Best,  
Kathryn

---

Kathryn Leonard, Ph.D.  
Assistant Professor, Mathematics  
Cal State Channel Islands  
1 University Dr.  
Camarillo, CA 93012  
[faculty.csuci.edu/kathryn.leonard](http://faculty.csuci.edu/kathryn.leonard)

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

365

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

**MAKE CHECK PAYABLE TO:**

Name: Ursula Whitcher \_\_\_\_\_

Address 1: 333 Stanford Dr \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Claremont, CA 91711 \_\_\_\_\_

Amount: \$ ~~1000.00~~ 150.00

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)  
 Whitcher 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- <b>must</b> 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 Ursula Whitcher, Mathematics Seminar guest speaker. Offer letter attached. 204 form attached and was previously faxed to Procurement.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

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

**Requestor:** Mary Devins \_\_\_\_\_  
 Printed Name & Extension

*Mary Devins*  
 Signature

5-9-11  
 Date

**Approver:** Dan Wakelee \_\_\_\_\_  
 Printed Name & Extension

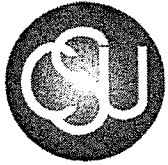
*Dan Wakelee*  
 Signature

\_\_\_\_\_  
 Date

**Approver:** \_\_\_\_\_  
 (If required) Printed Name & Extension

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



Channel Islands

CALIFORNIA STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS

Dear Ursula,

It was lovely seeing you at JMM after meeting you at the Women in Math Symposium at Pomona last fall! I hope you had a good time, and didn't blow away in all that wind.

I am emailing to invite you to speak at the CSU Channel Islands undergraduate mathematics seminar. The seminar is Wed. from 4:30 5:30 pm.

Dates currently available are:

March 2, 16

April 6, 20

May 4

If you are willing to come, you might also be interested in speaking at our graduate seminar that meets shortly after the undergrad one, from 6-7 pm on Wed. We are able to offer a \$150 honorarium for each seminar. An undergrad seminar talk should aim for around a sophomore level HMC audience, and a grad seminar talk should aim for a senior level HMC audience.

Let me know if you are willing and able to share your work with us!

Thanks,  
Kathryn

Kathryn Leonard, Ph.D.  
Assistant Professor, Mathematics  
Cal State Channel Islands  
1 University Dr.  
Camarillo, CA 93012  
[faculty.csuci.edu/kathryn.leonard](http://faculty.csuci.edu/kathryn.leonard)

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365 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: Angel Ramon Pineda Fortin \_\_\_\_\_

Address 1: 286 Molino Ave Apt 3 \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Long Beach, CA 90803 \_\_\_\_\_

Amount: \$ 150.00\_\_

PeopleSoft Vendor ID: New \_\_\_\_\_

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)

Danson 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- <b>must</b> 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 guest speaker at Mathematics Seminars, an IRA sponsored event. Offer letter and IRA proposal attached. 204 form is attached and was previously faxed to Procurement. Event date was 03/30/11.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

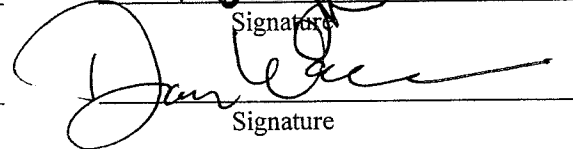
\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
 Printed Name & Extension

  
 \_\_\_\_\_  
 Signature

4-20-11  
 \_\_\_\_\_  
 Date

**Approver:** Dan Wakelee \_\_\_\_\_  
 Printed Name & Extension

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Approver:** \_\_\_\_\_



365 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: Rachel Danson \_\_\_\_\_

Address 1: 1525 Saltair Ave Apt 205 \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: Los Angeles, CA 90025 \_\_\_\_\_

Amount: \$ 150.00 \_\_\_\_\_

PeopleSoft Vendor ID: New \_\_\_\_\_

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)

Danson 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- <b>must</b> 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:**

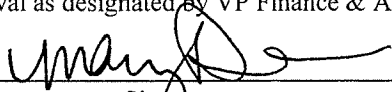
Honorarium for guest speaker at Mathematics Seminars, an IRA sponsored event. Offer letter and IRA proposal attached. 204 form is attached and was previously faxed to Procurement. Event date was 04/06/11.

**ACCOUNTING & APPROVAL:**

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90312			\$150.00
<b>Total</b>						\$150.00

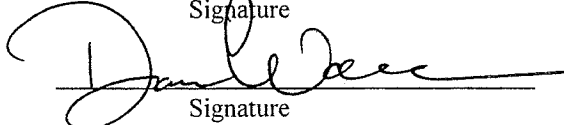
\*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

**Requestor:** Mary Devins x3253 \_\_\_\_\_  
Printed Name & Extension

  
Signature

4-20-11  
Date

**Approver:** Dan Wakelee \_\_\_\_\_  
Printed Name & Extension

  
Signature

Date

**Approver:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_