



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

**Application**  
**Instructionally Related Activities Funds Request**  
**2008-2009 Academic Year**  
**DEADLINE: Fall and Academic Year 3/14/08**  
**Spring 10/15/08**

Applications must first be sent to the appropriate program chair. Chairs will then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

**Activity Title:**

Project Sponsor/Staff (Name/Phone): Dr. Paul R Murphy 310-804-3581  
 Activity/Event Date(s): Jazz Performances Wed. Sept. 3rd & Wed. Dec 3rd  
 Date Funding Needed By: August 2008

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Equipment Purchase     | <input type="checkbox"/> Field Trip   |
| <input checked="" type="checkbox"/> Event       | <input type="checkbox"/> Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| <input type="checkbox"/> IT Requirements        |   |
| <input type="checkbox"/> International Travel   |   |
| <input type="checkbox"/> Space/OPC Requirements | <input type="checkbox"/> Risk Management Consultation   |
| <input type="checkbox"/> Infrastructure/Remodel | <input type="checkbox"/> Late Submission (Passed Deadlines: <b>Fall 3/14,</b>   |
| <input type="checkbox"/> Other _____            | <b>Spring 10/15)</b>  |

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

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

Assessment submitted for previously Funded Activity: ☒ YES ☐ NO

Academic Program or Center Name and Budget Code: Performing Arts #765-00053

Date of Submission: March 3rd, 2008

Amount Requested: \$1200  
 (Should match item 2. E. on page 4)

Estimated Number of Students Participating: 100-150

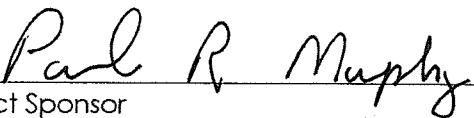
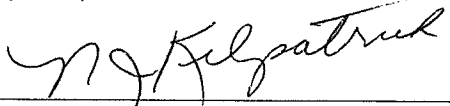
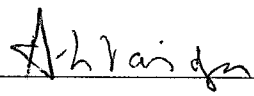
Application  
Instructionally Related Activities Funds Request  
2008-2009 Academic Year

**Requirements and Signatures**

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.
2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.
3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**
4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.
7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

 _____ Project Sponsor	3/2/08 _____ Date
 _____ Program Chair/Director	3/5/08 _____ Date
 _____ Dean	3/5/08 _____ Date

Application  
Instructionally Related Activities Funds Request  
2008-2009 Academic Year

ACTIVITY BUDGET FOR **2008-2009**

1. Operating Expense Budget

A. Supplies	_____
B. Vendor Printing	_____
C. In-State Travel	_____
D. Out-of-State Travel	_____
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____
H. Honorarium	<u>\$ 1200</u>
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	_____
 TOTAL Expenses	<u><del>NA</del> \$ 1200</u>

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)	_____
E. <b>Requested Allocation from IRA</b>	_____
 Total Revenue	<u>NA</u>

## Application for Instructionally Related Activities Funds Request

1. **Brief Activity Description:** This is an event to benefit the students in the MUS 330, Jazz In America course but is open to all other CSUCI students, faculty and staff who would like to attend. For the last four years, at the beginning and end of the semester I have been hiring professional jazz musicians and colleagues of mine to come in to perform for the students at CSUCI. This is an incredible opportunity for many students who normally don't listen to jazz to hear a live jazz performance on their own campus. I encourage the students to ask questions on the creative process of improvisation, communication onstage between the musicians, the background of the musicians or anything else related that they would like to ask.
2. **Relation to IRA Program to Course Offerings:** This is related to the PAMU 330, Jazz In America course but the event is announced via flyers, blackboard and global campus email to all CSUCI students, faculty and staff. I also announce these events to my two sections of PAMU 200, History of Rock and Roll classes, my PAMU 202 Beginning Guitar class and private guitar students at CSUCI. Over the last four years I've had many visiting students, faculty and staff attend these events.
3. **Activity Assessment:** As part of the student's assignments in the Jazz In America class they are required to attend one live jazz performance off campus and write a concert report of their experiences. This provides them a special opportunity to hear live jazz before this assignment and ask questions to the musicians regarding their performance. This is a unique opportunity that cannot be duplicated at an off campus jazz event. One of the consistent comments by students in the SETE evaluations is that these were the most educational, beneficial and fun classes of the semester.
4. **Activity Budget:** The professional jazz musicians that I hire come from the Los Angeles area are known as some of the top musicians in the area. To get this level of musician to commute to campus I am requesting \$1200 for these two events. This means that the six musicians I hire will be compensated \$200 each for their services.
5. **Sources of Activity Support:** There are no other sources of funding. I have the full moral support of Provost Ted Lucas, CSUCI faculty in the Performing Arts and CSUCI students who greatly benefit from this IRA funded event.

**Application**  
**Instructionally Related Activities Funds Request**  
**2008-2009 Academic Year**

**Conditions and Considerations**

**Equipment Purchase**-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

**Events**-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

**Participant Data Collection for Public Dissemination**-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

**Field Trip**-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

**IT Requirements**-Requires proof of correspondence and approval from IT Administration

**International Travel**-Requires International Travel application be submitted to Center for International Affairs.

**Risk Management Consultation**-Requires proof of correspondence with Risk Management.

**Space/OPC Requirements, Infrastructure/Remodel**-Requires proof of correspondence with OPC Administration .

**Late Submission (Deadlines: Fall 3/14, Spring 10/15)**-Requires explanation for emergency funding.

**Fiscal Management:** Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

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Instructional Related Activities  
Report Form

SPONSOR	DEPARTMENT
Dr. Paul R Murphy	Performing Arts
ACTIVITY TITLE	DATE (S) OF ACTIVITY
Jazz Performance	Wed. Feb. 6 <sup>th</sup>

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

- 1) A Jazz Performance Demonstration for my two Jazz in America (PAMU 330) courses open to all CSUCI students, staff and faculty.
- 2) It gave the students (many of which have never seen a live jazz performance) a chance to hear a live jazz group in their classroom and an opportunity to ask any questions to the performers. It also prepared them for their jazz concert report assignment.
- 3) It once again reaffirmed how important this IRA Jazz Event is for the classes and the university. It gives students <sup>a chance</sup> to hear live jazz from professional musicians and is open to all at CSUCI. In the SETE's this ~~as~~ class is almost always said to be their favorite class and most beneficial.

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

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

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**What do you get when you mix**

**Jazz, Funk, Rock, Hip-Hop**

**and a live band with a DJ??????**

**Come find out Monday, November 24th  
in Malibu Hall Room 120 for two special  
performances from 1:30-2:45pm and  
from 3-4:15pm.**

**A Rare CSUCI event**

**A Live Performance/Demonstration**

**Open to all students, staff & faculty**



# California State University Channel Islands

## Check Request Form

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

### MAKE CHECK PAYABLE TO:

Name: Adrian Rose

Address 1: 5326 Tendilla Ave

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

City, State Zip: Woodland Hills, CA 91364

PeopleSoft Vendor ID: 2270

Note: New vendors must complete a Form 204

### Check will be:

☒ Mailed to the address at left

☐ Picked up from Cashier - Ext \_\_\_\_\_

Description as it should appear on reports (30 characters)

Amount \$ \$200.00

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

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

\* To be used by payroll department only.

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

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

Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	760	90194			\$200.00
Total						\$200.00

Requested

Mary Devins x3253

Printed Name & Extension

Mary Devins  
Signature

9/9/08

Date

Approved by:

Dan Wakelee

Printed Name

Dan Wakelee  
Signature

9/9/08

Date



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Adrian Rosen #2270  
5326 Tendilla Avenue  
Woodland Hills, CA 91364

Dear Adrian,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Wednesday, Sept. 10<sup>th</sup> from 1:30 to 4:15pm and an honorarium for \$200 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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



# California State University Channel Islands

## Check Request Form

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

### MAKE CHECK PAYABLE TO:

Name: Jack Cook

Address 1: 4201 Topanga Cyn Blvd #122

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

City, State Zip: Woodland Hills, CA 91364

Amount \$ \$200.00

PeopleSoft Vendor ID: 2070

Note: New vendors must complete a Form 204

### Check will be:

- ☒ Mailed to the address at left  
☐ Picked up from Cashier - Ext \_\_\_\_\_

Description as it should appear on reports (30 characters)

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

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

\* To be used by payroll department only.

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

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

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

### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	760	90194			\$200.00
Total						\$200.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature

9/9/08  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

9/9/08  
Date

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Jack Cook  
4201 Topanga Canyon Blvd. # 122  
Woodland Hills, CA 91364

Dear Jack,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Wednesday, Sept. 10<sup>th</sup> from 1:30-4:15pm and an honorarium for \$200 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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



# California State University Channel Islands

## Check Request Form

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

### MAKE CHECK PAYABLE TO:

Name: Steve Marsh

Address 1: 11569 Iowa Ave

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

City, State Zip: Los Angeles, CA 90025

PeopleSoft Vendor ID: 4369

Note: New vendors must complete a Form 204

### Check will be:

- ☒ Mailed to the address at left  
☐ Picked up from Cashier - Ext \_\_\_\_\_

Description as it should appear on reports (30 characters)

Amount \$ \$200.00

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

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

\* To be used by payroll department only.

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

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

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

### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	760	90194			\$200.00
Total						\$200.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature

9/9/08  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

9/9/08  
Date

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Steve Marsh  
11569 Iowa Ave.  
Los Angeles, CA 90025

Dear Steve,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Wednesday, Sept. 10<sup>th</sup> from 1:30-4:15pm and an honorarium for \$200 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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

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# **Jazz Quartet Concert**

**Featuring:**

**Dr. Paul R. Murphy-Guitar**

**Steve Marsh-Saxophones**

**Adrian Rosen-Bass**

**Jack Cook-Drums**

**Wednesday Sept. 10<sup>th</sup> at Malibu Hall  
Room 120 for two special performances  
1:30 to 2:45pm & 3-4:15pm.**

## **A Rare CSUCI event**

**Live Performance/Demonstration**

**Open to all students, staff & faculty**

Dear Paul Kristan,



I would like you to invite you to perform with a jazz group for our university community at CSU Channel Islands for an IRA award event. The time of the event is Monday, November 24<sup>th</sup> from 1:30-2:45pm and from 3-4:15pm and an honorarium for \$200 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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



# California State University Channel Islands

## Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Paul Kristan

Address 1: 2535 Beverly Ave #J

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

City, State Zip: Santa Monica, CA 90405

Amount \$ \$200.00

PeopleSoft Vendor ID: 3755

Note: New vendors must complete a Form 204

### Check will be:

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

Description as it should appear on reports (30 characters)

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

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

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Description and/or explanation of payment.

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### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	760	90194			\$200.00
Total						\$200.00

Requested

Mary Devins x3253

Printed Name & Extension

Mary Devins  
Signature

11/14/08

Date

Approved by:

Dan Wakelee

Printed Name

Dan Wakelee  
Signature

11/17/08  
Date





California State University Channel Islands  
Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Cody Casiero

PeopleSoft Vendor ID: 3752

Address 1: 626 S Cochran Ave #11

Note: New vendors must complete a Form 204

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

Check will be:

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

City, State Zip: Los Angeles, CA 90036

Description as it should appear on reports (30 characters)

Amount \$ \$200.00

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

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

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Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

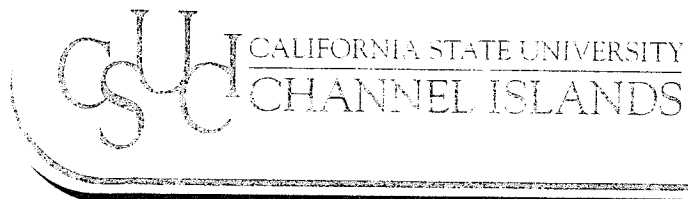
Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	760	90194			\$200.00
Total						\$200.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins 11/14/08  
Signature Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee 11/17/08  
Signature Date



Division of Academic Affairs  
November 10<sup>th</sup>, 2008

Dear Kenneth Burgomaster,

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I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Monday, November 24<sup>th</sup> from 1:30-2:45pm and from 3-4:15pm and an honorarium of \$200 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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



California State University Channel Islands  
Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Kenneth Burgomaster

PeopleSoft Vendor ID: 3751

Address 1: 612 Pacific St #1

Note: New vendors must complete a Form 204

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

Check will be:

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

City, State Zip: Santa Monica, CA 90405

Description as it should appear on reports (30 characters)

Amount \$ \$200.00

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

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

\* To be used by payroll department only.

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

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

Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	760	90194			\$200.00
Total						\$200.00

Requested Mary Devins x3253  
Printed Name & Extension

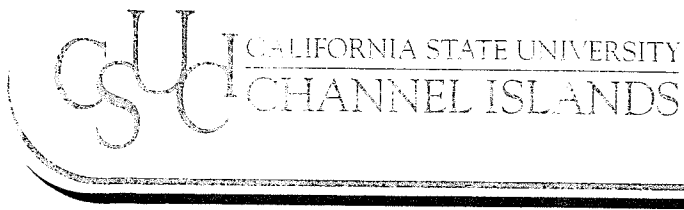
Mary Devins  
Signature

11/14/08  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

11/17/08  
Date



Division of Academic Affairs  
November 10<sup>th</sup>, 2008

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Dear Cody Casiero,

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I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Monday, November 24<sup>th</sup> from 1:30-2:45pm and from 3-4:15pm and an honorarium for \$200 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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

