

<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: Spring Performing Arts Production

Project Sponsor/Staff (Name/Phone): Catherine Burriss, x3126

Activity/Event Date(s): April 17-9, 24-26, 2009 (Event requests are pending on the R25 events calendar.)

Date Funding Needed By: February 1, 2009

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

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

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

Previously Funded: ☒ YES ☐ NO Yes, Request # 219

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, 731**

Date of Submission: 10/15/2008

Amount Requested: **\$7400**
(Should match item 2, E. on page 4)

Estimated Number of Students Participating: **200-400**

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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. **(EFUR no longer applicable; event requests are pending on the R25 events calendar.)**

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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Requirements and Signatures

Please provide the following in your application:

1. Brief Activity Description.

Following in the footsteps of last spring's wildly successful inaugural production, the Performing Arts program will be working in collaboration with the Art program to mount a second annual full production, produced as part of two sections of PATH 481 Production (one taught by PA faculty, Catherine Burriss; one taught by Art faculty, Rachel Myers). Both sections are open to all majors, and campus-wide auditions will be held. Considering the unexpected obstacles faced last year (site change; ambient noise), and the anticipated challenges of the ongoing infrastructure construction project and limited campus theatrical facilities, we are working with Associate Dean Dan Wakelee, OPC, and Parking & Transportation to determine the optimal location for the performance. The play choice is heavily dependent on the location, but three options are currently under consideration (see map on page 7 for reference to the outdoor locations): A. Shakespeare's moody romantic comedy, *Love's Labour's Lost*, staged on the grassy hill northwest of the Hub; B. Shakespeare's zany neoclassical comedy, *The Comedy of Errors*, staged in the "band shell" in the North Quad; and C. Eugene Ionesco's darkly hilarious absurdist drama, *Rhinoceros*, staged in Malibu 140. Under the stage direction of Catherine Burriss and the design direction of Rachel Myers, students will act, sing, dance, and work behind the scenes to collaboratively bring to life one of these great plays for the enrichment and entertainment of the campus and local communities.

2. Relation to IRA to Course Offerings.

The following courses, among others, will be directly or indirectly related to the production (students will either actually be involved in the production or required or encouraged to attend a performance).

PA 202	INTEG DANCE, MUSIC & THEATRE
BUS-PA 335	BUSINESS & THE PERFORMING ARTS
ART-PA 383	SCENIC DESIGN
PA-PHYS 436	PHYSICS OF PERFORMING ARTS
PADA 458	DANCE ENSEMBLE
PAMU 100	MUSIC APPRECIATION
PAMU 200	HISTORY OF ROCK
PAMU 330	JAZZ IN AMERICA
ENGL-PATH 333	MULTICULTURAL DRAMA
PATH 334	SPANISH LANG DRAMA & THEATRE
PATH 338	THEATRE IN HISTORY
PATH 380	ACTING II
ENGL-PATH 410	SHAKESPEARE'S PLAYS
PATH 481	PRODUCTION

3. Activity Assessment.

Although we hope this grant will allow us to admit CSUCI students for free, we will still keep records of audience attendance, as well as conduct informal surveys of participants' experiences. Also, the SETEs for both sections of PATH 481 will assess this activity.

4. Activity Budget.

\$12,000 (**\$7400 requested from IRA**) Since the location is still being determined, the budget is mostly estimated. Please keep in mind that those estimates are intentionally high to account for unforeseen, but unlikely, expenditures.

The \$6000 in rentals includes a high estimate of \$5000 for renting indoor audience risers, or \$3800 for outdoor risers and \$1200 for outdoor gas patio heaters, and \$1000 for renting any other equipment (lighting, sound, etc.) not owned by Performing Arts. We anticipate, but cannot guarantee, being able to lower these costs considerably by seeking in-kind donations (for example, a business like Delicate Electronics will not charge us for rental fees on equipment, but only for delivery expenses; and last year, Fence Factory donated cyclone fencing free of charge for the set). We cannot seek these donations until we determine a location.

The \$1000 OPC chargeback is a necessarily high estimate; the real cost will depend on the location, and should be much lower. OPC charged us \$150 for power extension last time.

The increase in budget from last year's request reflects the lessons learned from mounting a production with little established infrastructure and no prior experience of audience turn out. For example, the only major complaints we heard from our surprisingly large audiences last time was that they could not see from the back and that it was too cold, so we are budgeting for rental of audience risers that will eliminate visibility problems (either indoors and outdoors) and for gas patio heaters (if outdoors). Also, last time we relied extensively on experts volunteering time for coordinating technical load-in, running of the show, and strike; however, that amount of volunteerism is neither sustainable nor professional in the long term, thus we are including honoraria for a Lighting Director (John Price, lecturer in Computer Science) and a Technical Director (TBD). The honoraria are \$1000 each, roughly \$100/day for the ten long days of load-in, technical rehearsals, performances, and strike—this still assumes several hours of unpaid volunteer time to consult, attend planning meetings, etc.

We plan to both save money and increase student learning opportunities and participation by finding graphic design-oriented Art students to design the poster and program (as a project either for the Art Capstone or Graphic Design courses).

5. Sources of Activity Support.

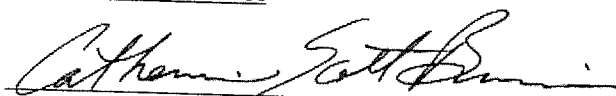
The Performing Arts program, ticket sales, and funds sought through Advancement will cover the expenses not requested from IRA (i.e. the copier chargeback, set and costumes supplies, and a portion of the rental costs).

Last year, we requested IRA funding to cover scenic and costume design purchases, but this year we hope to cover those expenses by securing unrestricted donated funds (in conjunction with Advancement). This should remove the general funds' restrictions that ended up overburdening faculty and limiting student designers' experience last year (a large part of the costume design, for example, involves shopping for specific items, but last year only faculty could make purchases and be reimbursed for them).

Any gaps or cost overruns should be covered by non-student ticket sales: \$15 general public; \$10 CSUCI faculty/staff; \$5 non-CSUCI student; free to CSUCI students. Ticket sales for three performances amounted to \$2800 last time. Since we did meet demand and did not turn anyone away last year, and since we will have a smaller cast and more formal seating this time around, a conservative estimate of \$2000 in ticket revenue for this year's expanded run seems reasonable, though it is still by no means guaranteed. Please note that we hope to work with Brown Paper tickets or a similar online box office service to avoid the chaos of unexpectedly large audiences experienced last year; however, this more formal system may limit our ability to offer totally free tickets to students and discounts to faculty and staff. Our goal is to formalize the box office system, while keeping tickets free and easily accessible to students, so we are still looking for the best solution.

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

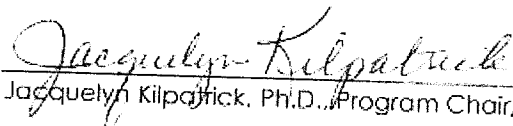
Signatures and Dates



Catherine Scott Burriss, Ph.D., Project Sponsor

10/15/2008

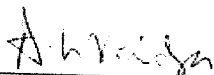
Date



Jacquelyn Kilpatrick, Ph.D., Program Chair/Director

10-15-08

Date



Dean

10-16-08

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ACTIVITY BUDGET FOR 2008-2009

1. Operating Expense Budget

A. Supplies	2500.00 (Set and costumes)
B. Vendor Printing	400.00 (Posters and programs)
C. In-State Travel	
D. Out-of-State Travel	
E. Equipment Rental	1400 6000.00 (Risers, heaters, etc.—see #4, pg 4)
F. Equipment Purchase	
G. Contracts/Independent Contractors	
H. Honorarium	2000.00 (2 people for 10 days @ \$100/day)
I. OPC Chargeback	1000.00 (estimate)
J. Copier Chargeback	100.00
K. Other (Please Specify)	

TOTAL Expenses 12,000.00

2. Revenue

A. Course Fees	N/A
B. Ticket Sales	2000.00 (estimate)
C. Out of Pocket Student Fees (exclusive of course fees)	N/A
D. Additional Sources of funding (Please specify And indicate source)	2600.00 (see #5, pg 4)
E. Requested Allocation from IRA	\$7400.00

Total Revenue 12,000.00

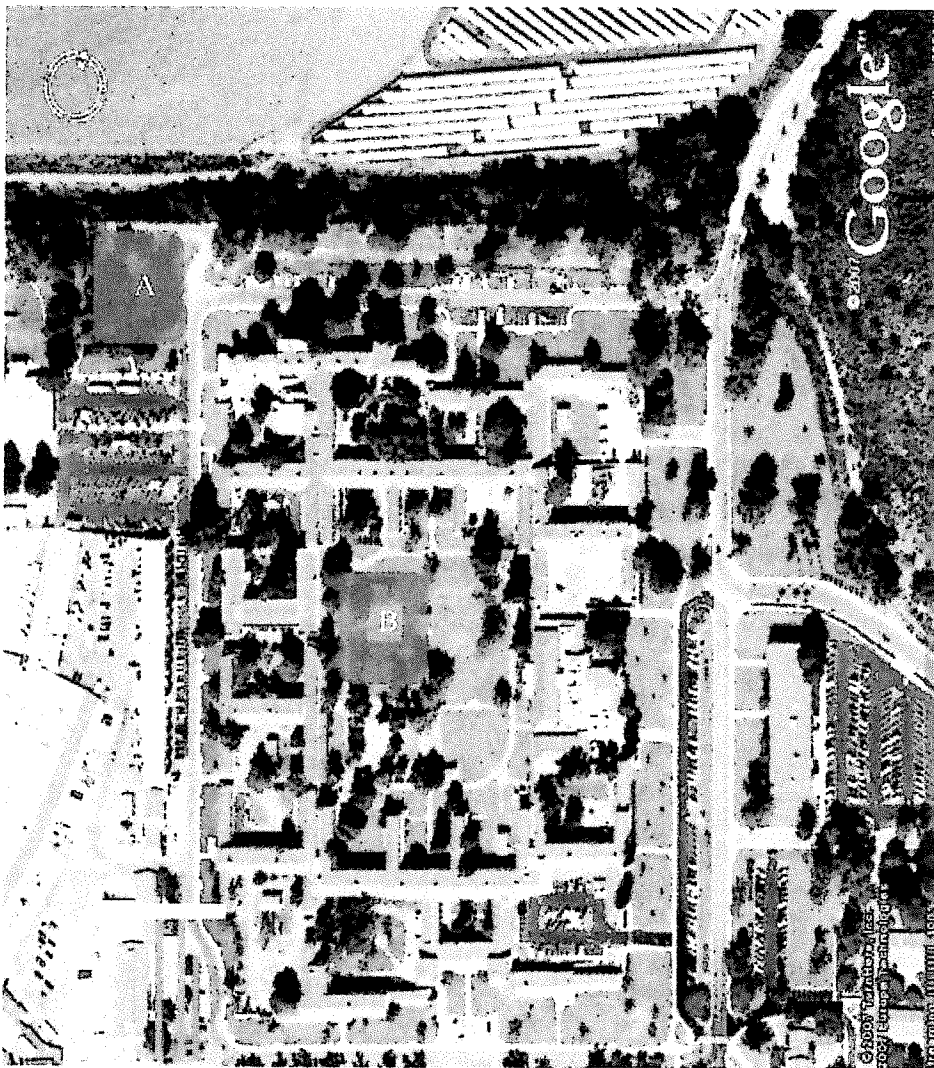
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Possible Performing Arts Spring Production outdoor sites

A The sloping lawn NNW of the Hub.

B The "Band shell" in the North Quad

(Colored lines represent infrastructure project street closure.)



*Sent to
OTC
6/11/09*

COST RECOVERY EVENT Work Order

6/9/2009

**CR-EV
015179**

Location ID : 023-0140 MALIBU HALL, THEATRE, ROOM 140

Equipment ID :

Serial :

Room:

Requester: AMBER WEIR

Contact: CATHERINE BURRISS

Phone : 510-384-0769

PM Number:

Account: 660832-TK901-731-90227-00000-00000

Request : EVENT:"ONCE IN A LIFETIME" SPRING PERFORMING ARTS PRODUCTION TO BE PERFORMED IN MALIBU HALL, ROOM 140, ON SEVERAL DATES IN APRIL STARTING 4/10 AND ENDING 4/26. REHEARSALS TO BEGIN 4/3 AND CONTINUE EVERY DAY.

Status : CRI	Open Date : 3/25/2009	Procedure :
Priority : 1	Comp Date : 5/26/2009	Craft : ELECTRICIANS
Assigned :	Target Date : 5/22/2009	Crew :

Actuals Hours (14.5) \$433.87 Materials \$129.81 Tools \$0.00 Service \$0.00 Total \$563.68

Tasks						
Task #	Desc	Memo	Account			
1	ELECTRICIANS: DELIVER AND SET UP 2-60 AMP SERVICES AND 2 SCATTER BOXES WITH ASSOCIATED POWER CORDS AND WIRING AS NEEDED BY 4/3 FOR REHEARSALS.					
Labour						
Employee	Craft	TransDate	Description	Account	Hours	
DCAR2	LAB	4/9/2009	REMOVE FURNITURE FROM MALIBU 140	580094-GD901-340-00000-00000-00000	2	
DCAR2	LAB	4/15/2009	REMOVE STAGES FROM MALIBU 140 AND STORE IN WAREHOUSE 3	580094-GD901-340-00000-00000-00000	1.5	
GSPE1	ELE	4/2/2009	INSTALL FUSES AND CORD RELIEF FOR MALIBU HALL DISCONNECT	580094-GD901-330-00000-00000-00000	2	
GSPE1	ELE	4/2/2009	SUPPORT FOR EVENT "ONCE AND A LIFETIME"	580094-GD901-330-00000-00000-00000	3	
JHUG1	IRR	4/15/2009	MALIBU 140: HELPED MOVE STAGE	580094-GD901-340-00000-00000-00000	1	
RPER2	GRO	4/15/2009	ASSIST STEVEN AND DAVID WITH MOVING THE STAGES FROM MALIBU 140 TO WAREHOUSE	580094-GD901-340-00000-00000-00000	1.5	
SCON1	LAB	4/15/2009	REMOVED STAGES FROM MALIBU 140 AND STORED IN WAREHOUSE 3	580094-GD901-340-00000-00000-00000	1.5	
SCON1	LAB	4/9/2009	MOVED FURNITURE AND OTHER ITEMS FROM MALIBU 140 TO SURPLUS	580094-GD901-340-00000-00000-00000	2	
Materials						
Item #	Description	Unit	Account	Qty	\$/Unit	Total \$
1161	50A 250V K5 FUSE	EA	660003-GD901-370-00000-00000-00000	4	\$2.75	\$11.80
1236	ANCHOR, #10-12 PLASTIC	20-PACK	660003-GD901-370-00000-00000-00000	1	\$0.76	\$0.82
1592	CONNECTOR, CABLE 3/4"	EA	660003-GD901-370-00000-00000-00000	2	\$3.95	\$8.55
2909	TAPE, RED CODING	ROLL	660003-GD901-370-00000-00000-00000	1	\$5.46	\$5.91
2910	TAPE, BLUE CODING	ROLL	660003-GD901-370-00000-00000-00000	1	\$3.67	\$3.97
2941	TAPE, CODING WHITE	ROLL	660003-GD901-370-00000-00000-00000	1	\$4.63	\$5.01
5175	FUSE, 60A 250V NON DELAY	EA	660003-GD901-370-00000-00000-00000	4	\$2.96	\$12.82
SPOT BUY	CONNECTOR, MC CABLE 1-1/4"	EA	660003-GD901-370-00000-00000-00000	2	\$11.41	\$22.82
SPOT-BUY	BOX, NEMA 3R 12 " X 12" X 4"	EA	660003-GD901-370-00000-00000-00000	1	\$58.11	\$58.11

Credit Summary

Account

Amount

580094-GD901-330-00000-00000-00000

\$0.00

580094-GD901-340-00000-00000-00000

\$200.05

660003-GD901-370-00000-00000-00000

\$233.82

Grand Total:

\$129.81

\$563.68

Comp Remark:

JOB COMPLETE ALL MATERIALS ADDED

☒ Complete

EQ Meter:

By:

Date: 5/26/2009

Hours: 14.5

Department Approval



Date:

6, 10, 09

INVOICE

Customer Information

CSUCI
Catherine Burriss



Graphicink
printcopy+design

358 storke road | goleta, ca 93117

ph 805.845.5300
fax 805.845.5301

PAID

posted

Invoice Date 4/8/2009
Invoice No. 04-123
P.O. No. Catherine Burriss
Project Once In A Lifetime

Item	Quantity	Unit Price	Ext Price
COLOR S/S: 17 X 11 - 28# Lazer	25	0.78	19.50T
Cutting - per cut		0.99	0.99T
Color: D/S LaserCardStock	25	0.98	24.50T
Cutting - per cut		0.99	3.96T
OVS: Poly Propelene (17 x 40 Prints (3) Appox 5 Sq. Ft. Each.		5.00	75.00T
420.32			
Subtotal			\$123.95
Tax (8.75%)			\$10.85
Total			\$134.80

Please do not hesitate to call us @ 805.845.5300 with any questions.
Just A Reminder: We offer free pickup and delivery on all proofs and orders!
Thank you for your business!

INVOICE

Customer Information

CSUCI
Catherine Burriss

PAID



358 storke road | goleta, ca 93117

ph 805.845.5300
fax 805.845.5301

Invoice Date 4/17/2009
Invoice No. 04-219
P.O. No. Catherine Burriss
Project Printing

Item	Quantity	Unit Price	Ext Price
COLOR S/S: 8.5 X 14 - 28# Lazer 4/1	500	0.40	200.00T
Folding: Hand	500	0.05	25.00T
COLOR S/S: 17 X 11 - 28# Lazer	25	0.78	19.50T
Color: D/S LaserCardStock	20	0.98	19.60T
Cutting - per cut	4	0.99	3.96T

Subtotal	\$268.06
Tax (8.75%)	\$23.46
Total	\$291.52

Please do not hesitate to call us @ 805.845.5300 with any questions.
Just A Reminder: We offer free pickup and delivery on all proofs and orders!
Thank you for your business!



UNIVERSAL CITY STUDIOS, INC.
STUDIO OPERATIONS GROUP
100 UNIVERSAL CITY PLAZA
UNIVERSAL CITY, CALIFORNIA 91608

BILLING DOCUMENT

P5223119

Rented or Sold To California State University
Address CSU Channel Islands
One University Drive
Bell Tower West 1199
Camarillo, Ca 93012
Ordered By Catherine Scott Burriss
Telephone Rachel Myers Attn:

Customer P.O. No. CC51001	Production No.	Set/Location Once In A Lifetime
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Charge Code R3

Order# 324041

Date	04/14/2009
Deal No.	Set No.
175408	003
Sub. No.	Department
08	Drapery
Rental Start	4/14/2009
Rental Return	4/28/2009
Close?	Cash?
N	C

Payment	Check#:	Bank:	Amount: \$115.31
Credit Card: Amex	Card#: 1001	Name: Callie Juarez	Exp Date: 08/11

Qty	UOM	Description	Detail	T	Rate	Amount
1	EA	Rentals	956	N	\$76.87	\$76.87
1	EA	Extended Rentals	956	N	\$38.44	\$38.44

Per Rachel

Received for the Rental/Customer the above goods in satisfactory condition.

By execution hereof the signors agree to be bound by all the terms and conditions on the face and reverse side of this agreement and represent that they are duly authorized to execute same on behalf of the parties hereto.

Sub-Total	\$115.31
Sales Tax	
TOTAL	\$115.31

JOURNAL ENTRY

Description	ACCOUNT				Deal No.	Set No.	Debit	Credit
	Co.	Chg. Type	Cost Object	SAP Account				

Customer Approval	Date	Dept Head Approval	Executive Approval
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FOR RENTAL INFORMATION
CALL
818 777 3000

EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

REQUISITION FORM (Rvds 8/07)

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

PART I: EMPLOYEE INFORMATION

Date: 2/18/09	Department Name/Program: Performing Arts	Preparers Name: Merissa Stith	Extension: 3272
Employee's Name (Last, First, Middle Initial) Leave blank for Recruitment: Price, John		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 Stud. Asst <input type="checkbox"/> Emergency Hire (See Guidelines) <input type="checkbox"/> Other Please Specify:	
Faculty: <input type="checkbox"/> Full Time Tenure Track <input type="checkbox"/> Full Time Lecturer <input 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 - Permanent <input type="checkbox"/> Salary Rate Change	<input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification 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"/> Stipend for UNIT: <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Difference in Pay Leave Fall Spring		
Effective Date of Action: 4/3/09	Ending Date (if temporary): 4/26/09	Supervisor's Name/Title Jaquelyn Kilpatrick	Extension 8865
Explanation of Action: Special Consultant for lighting display for Spring Performance		**Special Consultants Only - NTE \$ Amount/ Total # of Days \$100 per day NTE \$1000	

PART III: POSITION/ASSIGNMENT INFORMATION

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-TK910-731-90227	% 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 Academic Affairs/Performing Arts/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		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 ()		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 \$ 100.00 <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input checked="" type="checkbox"/> Daily	FT Monthly Salary Rate \$	Actual Salary Rate \$ <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input type="checkbox"/> Daily
Stipend Amt \$		Stipend Amt \$	

PART IV: SIGNATURES/APPROVALS

Name of Supervisor/Title: PRINT Jaquelyn Kilpatrick	Signature: <i>Jaquelyn Kilpatrick</i>	Date: 2-24-09	EXT: 8865
Name of Department/Division Director: PRINT Ashish Vaidya, Dean of the Faculty	Signature: <i>Ashish Vaidya</i>	Date: 2-25-09	EXT: 8986
Name of Department Budget Officer: PRINT Maria Tauber FA Manager/Kris Muller AR Manager	Signature: <i>Maria Tauber</i>	Date: 2/26/09	EXT: 8543/8418
Name of Grant & Contract Analyst (required for any SA901)	Signature: <i>Kris Muller</i>	Date:	EXT: 3175
Name of Financial Aid Representative (required on FWS)	Signature:	Date:	EXT:
Name of President/Designee: PRINT Dawn Newman, Provost of Academic Affairs	Signature: <i>Dawn Newman</i>	Date:	EXT: 2690

PART V: BUDGET USE ONLY

Apprvd PeopleSoft Position#:	Budget Officer (Signature):	Date:	Comments:
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PART VI: HR USE ONLY

Reimbursed Moving Expenses (if applicable) Maximum amount authorized - \$		AD \$\$ Y N	Unit 8 POST Cert(s) (level):	Inclass or Reclass approved %	Initials of HR Rep:
Probationary Period		Transfer of Credits from another State Agency: Vacation:		Data Transfer Form Received <input type="checkbox"/>	Initials of HR Rep
Type Iy N	Starts:	Ends:	Permanency Date Eligible:	Evaluations Cycle 1Q 2Q 3Q 4Q	SSI Unit 3/ Unit 8
MPP Job Cd:		Stipend Amt		Documented by:	
Initials		Date			

sent to budget 3/2/09

Request for Consulting Services Form
Academic Affairs
CSU Channel Islands

Name and Address of Consultant: **Social Security #:**
John Price
28 Gitana Ave
Camarillo, CA 93012
Telephone and Email: (805)437-8959 john.price@csuci.edu

Brief Statement of Scope of Work: Directing students regarding the design and set up of lighting for the Spring Performance and advising Faculty.

Relevant Skills and Academic Background of Consultant:
CSUCI lecturer of Computer Science, degree in
Technical Theater.

Product or Deliverables of the Employment:

Consulting Period:

April 3, 2009

Start and Completion Dates:

April 26, 2009

Recommended Amount or Compensation: *(PLEASE NOTE: Amount must be reflected as a "daily" and NOT hourly amount.*

\$100 per day, not to exceed \$1,000.00

Recommended by: Jaquelyn Kilpatrick, English & Performing Arts chair

Approved By: _____

A. L. Vazquez

276 Spring Performing Arts Prod

000002649	4/22/2009	580090	731	TK910	90227	-480.000 #3451C BURRISS TIC
APA00266	5/5/2009	613001	731	TK910	90227	1700.000 Draper/Alteration Supe
APA00269	6/1/2009	660003	731	TK910	90227	151.150 2009 Spring Production
APA00269	6/2/2009	660003	731	TK910	90227	688.820 2009 Spring Production
APA00270	6/9/2009	660003	731	TK910	90227	937.000 Performing Arts Produ
APA00270	6/12/2009	606001	731	TK910	90227	34.040 2009 Spring Production
APA00270	6/12/2009	660003	731	TK910	90227	92.850 2009 Spring Production
APA00270	6/12/2009	660003	731	TK910	90227	6.500 2009 Spring Production
APA00270	6/12/2009	660003	731	TK910	90227	162.080 2009 Spring Production
PCRD0266	4/30/2009	660003	731	TK910	90227	1427.940 Supplies and Services
PCRD0266	5/31/2009	660002	731	TK910	90227	426.320 Printing
PCRD0266	5/31/2009	660003	731	TK910	90227	385.630 Supplies and Services
UPL00266	5/1/2009	580090	731	TK910	90227	-20.000 #3619 G Ebert tickets
UPL00266	5/1/2009	580090	731	TK910	90227	-15.000 #3619 M Stevens ticke
UPL00266	5/1/2009	580090	731	TK910	90227	-30.000 #3619 N Burdick ticket
UPL00266	5/1/2009	580090	731	TK910	90227	-450.000 #3615 C Burriss ticket
UPL00267	5/11/2009	660832	731	TK910	90227	200.480 OPC COST REC 4.7.0
UPL00268	5/18/2009	580090	731	TK910	90227	-35.000 #3516 L Andres tickets
UPL00268	5/18/2009	580090	731	TK910	90227	-1485.000 #3516 Brown Paper Ti
UPL00268	5/18/2009	580090	731	TK910	90227	-640.000 #3516 Brown Paper Ti
UPL00271	6/15/2009	660832	731	TK910	90227	563.680 OPCWO-015179

3621.490

C.I.T. #

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

Employee

Applicant

Volunteer

Non-Employee

Student (waiver on file)

TRAVELER'S NAME CATHERINE BURRISS		RESIDENCE ADDRESS 326 PLATTS HARBOR DR		CITY/STATE/ZIP CODE CAMARILLO, CA 93012	
HEADQUARTERS ADDRESS ne University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. x3126	
DEPARTMENT AA		POSITION Professor		DATE PREPARED 5/20/09	
DEPARTURE DATE	DEPARTURE TIME (AM/PM)	RETURN DATE	RETURN TIME (AM/PM)	FORM PREPARED BY: CARMEN DELGADO	EXTENSION x3272
				DELIVERY OPTIONS SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>	

SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
		NA		NA		NA						0.00		\$0.00

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
3/7/09	Costume Jewelry bought at LA Garment District					N/A						0.00	6.50	\$6.50
3/13/09	Glendale Parking									3.00		0.00		3.00
4/14/09	Parking LA Garment District									8.00		0.00		8.00
4/14/09	CSUCI to Payless, Camarillo										7.14	3.93		3.93
4/14/09	Payless Camarillo to CSUCI										7.15	3.93		3.93
4/14/09	Drove around LA Garment District for items										27.6	15.18		15.18
												0.00		0.00
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$11.00	41.89	\$23.04	\$6.50	\$40.54
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														0.00

LESS ANY OTHER ADJUSTMENTS	Comments:	AMOUNT DUE TRAVELER	\$40.54
----------------------------	-----------	---------------------	---------

Source of Funding: (Please verify chartfields before submitting to AP)

Account	Fund	Dept	Program	Class	Project	Amount
660003	TK910	731	90227			\$6.50
606001	TK910	731	90227			\$34.04
*606803						\$0.00

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

These expenses were for travel, parking and costume pieces for the 2009 Performing Arts Spring Production "Once in a Lifetime".

IRA

NORMAL WORK DAYS & HOURS

PRIVATE VEHICLE LICENSE

5KWF867

MILEAGE RATE CLAIMED

0.550

(If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME Catherine Burriss	CLAIMANT'S SIGNATURE <i>Catherine Burriss</i>	DATE 5/20/2009
MANAGER'S PRINTED NAME Jacquelyn Kilpatrick	MANAGER'S SIGNATURE <i>J Kilpatrick</i>	DATE 5/26/09
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE <i>A. H. ...</i>	DATE 5/28/09

COPY

Sent to AP 6/1/09 6/15/09

ND Receipt attached

Receipt?

Receipts
for TEC for
Catherine Burriess.

Sent to her 6/8/09

Total
Amount paid
on back →

SPECIAL EVENT



044-718

SPECIAL EVENT

044-718

Car is accepted for parking only. We assume no liability for fire, theft or damage in any case, except through our own negligence. In no event will we assume liability for damage or injury sustained through faulty brakes or other equipment failure. All claims for adjustments must be presented before vehicle leaves facility. Not responsible for articles left in car, including, but not limited to, C B Radios, antennas, tape decks and tape cartridges, or after closing time. No employee has authority to vary or increase our liability. Notice to company employees of personal property left in car poses no liability on company for its loss or damage. Lot operating hours as posted.



50470001

Costume
Jewelry
Downtown
LA

3-7-9
4 8 11-28a
0*
0*
5
5
7
5
1
3-7-9
4 8 11-28a

Americana at Brand

RECEIPT

EX 2 03/13/09 20:48
Receipt 078085

Short-term parking tkt

1 - No. 033550

03/13/09 19:35

03/13/09 20:48

Period 0d1h14

(Ust.)

\$3.00

Total

\$3.00

Payment Received

VISA

Merch: 178183101991

Auth: 07274C

Type: Keyed

Sub Total

\$3.00

All Amounts in USD.
Deliv. Date=Receipt Date

Thank you for your visit at
The Americana at Brand

01494EF0 - 1/1
818 657 8937

Sent to AP 4/27/09

Regina Rogers

INVOICE

339 1/4 S Ave 52
Los Angeles, CA 90042
Phone (818) 434-4356

INVOICE #001
DATE: APRIL 23, 2009

TO:
Merissa Stith
CSU Channel Islands
1 University Dr.
Camarillo, CA 93012
805-437-3272

FOR:
Draper/Alteration Supervision of "Once in a Lifetime" Production
PO# 7381

DESCRIPTION	HOURS	RATE	AMOUNT
Draper/Alteration Supervisor			1700.00
APPROVED FOR PAYMENT BY <u>NO Kelpatn</u> DATE <u>4/27/09</u> ACCT <u> </u> CONTRACT/PO <u>7381</u> <input type="checkbox"/> PARTIAL PAYMENT <input type="checkbox"/> PAYMENT IN FULL			
TOTAL			1700.00

Make all checks payable to Regina Rogers.

Thank you for your business!

Purchase Order



THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY
CHANNEL ISLANDS

CSU Channel Islands
Camarillo, CA 93012

Vendor: 0000005540

Rogers, Regina Ellen
339 1/4 S Ave 52
Los Angeles CA 90042
818/434-4356

Page 1	Date 03/20/2009	Revision	Purchase Order 0000007381
Payment Terms Net 30	Freight Terms FOB-Destination	Ship Via BestMethod	
Business Unit CICMP	Origin ONL		

Ship To: Receiving Warehouse
One University Drive
Attn: Receiving Warehouse
Camarillo CA 93012
805/437-3185

Bill To: One University Drive
Attn: Accounts Payable
Camarillo CA 93012
805/437-8400

Line-Sch-Rcv	Quantity	UOM	Item/Description	Unit Price	Extended Amt	Due Date
1 - 1 - N	1,700.00	DLR	Draper/Alteration Supervisor	1.00	1,700.00	04/23/2009

Reference Quote dated: 2/23/09
Both Rider B & Exhibit A apply
For the Performing Arts Spring 2009 Production

Subtotal: 1,700.00

Sales Tax: 0.00

Freight: 0.00

Total: 1,700.00

Contractors are responsible for familiarity with California State University (CSU) General Provisions for Commodity and Service Acquisitions. These provisions are available via the Internet at www.calstate.edu/csp/general.html or by request at the Purchasing Office at the address listed above.

Delay in Shipment: If you cannot fill this order without delay, notify the University Purchasing Office immediately of the probable delivery date.

Changes: No change or modification in terms, quantities, or specifications may be made without the express authorization in writing from the University Purchasing Office. No other CSU officer or employee may authorize changes.

CERTIFICATION AND APPROVAL OF PURCHASE ORDER

I hereby certify on my own knowledge that this order for the purchase of the items specified is issued in accordance with the procedure prescribed by law governing such items for the Trustees of the CSU and that all such legal requirements have been met.

By:

Ilene Soto Goods & Services Buyer Tel: 805/437-8481
Fax: 805/437-8486 email: ilene.soto@csuci.edu

REQUEST FOR GOODS & SERVICES (RGS)

PO #:

Procurement use only



New Vendor: ☒ Yes ☐ No

Vendor Name: Regina Rogers

Address: 339 1/2 S. Avenue 52

City/State/Zip: Los Angeles, CA 90042

Phone: 818-434-4356

Fax:

E-mail: gingarogers@gmail.com

Sales Rep:

Requestor Name: Merissa Stith

Phone: x3272

Dept #/Name: AA

* Delivery Date: 4/27/2009

Quote #:

(Please attach all quotes)

Matching rules: ☒ 2-way ☐ 3-way

* E-mail copies to: merissa.stith@csuci.edu

receiving@csuci.edu

Receiving instructions:

Bldg:

Rm #:

<u>Catalog/Part #</u>	<u>Description</u>	<u>UOM</u>	<u>QTY</u>	<u>Unit Price</u>	<u>Ext. Price</u>	<u>Account #</u>	<u>Fund</u>	<u>Dept #</u>	<u>Program</u>	<u>Class</u>	<u>Project</u>
					\$0.00						
					\$0.00						
					\$0.00						
					\$0.00						
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					\$0.00						
					\$0.00						
					\$0.00						
					\$0.00						
Taxed Subtotal					\$0.00						

NON-TAXABLE ITEMS

	Draper/Alteration Supervisor	EACH	1	\$1,700.00	\$1,700.00	613001	731	90227		
					\$0.00					
					\$0.00					
					\$0.00					
					\$0.00					
					\$0.00					

Contract Services:

Check one: ☐ MEA ☐ CMAS

☐ Contract proposal attached

State Contract #:

Contract Administrator:

Phone:

E-mail:

Subtotal	\$1,700.00
Tax	\$0.00
Shipping	
Total	\$1,700.00

Comments:

For the Performing Arts Spring 2009 Production.

Signatures/Approvals

Print name/Signature

If order is IT related: An approval signature must be obtained.

Chair/Dept. Budget:

Dean/Director:

Division VP/Designer:

President (if required):

Regina Rogers
339 ½ S. Avenue 52
Los Angeles, CA, 90042
February 23, 2009

Catherine Burriss
Assistant Professor, Performing Arts
California State University Channel Islands
1 University Drive
Camarillo, CA 93012

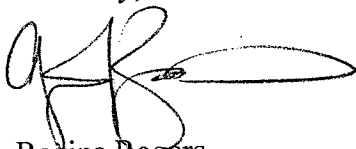
Dear Catherine Burriss:

You recently requested pricing information from our company. Here is our quote:

Service	Hourly rate	Estimated cost
Draper/Alteration Supervisor		
Total		\$ 1700.00
Tax		
Grand total		\$ 1700.00
Delivery date		

Thank you for giving us the opportunity to bid for your business.

Sincerely,



Regina Rogers
Wardrobe Supervisor

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1

PLEASE
RETURN
TO:

DEPARTMENT/OFFICE
CSU Channel Islands

STREET ADDRESS
One University Drive

CITY, STATE, ZIP CODE
Camarillo, CA 93012

TELEPHONE NUMBER
(805) 437-8400

PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.

(See Privacy Statement on Page 2)

2

PAYEE'S BUSINESS NAME

Regina Rogers

339 1/2 S. Ave 52

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

LA CA 90042

(CITY, STATE, and ZIP CODE)

3

PAYEE
ENTITY
INFORMATION

CHECK ONE BOX ONLY

- ☐ LEGAL CORPORATION
- ☐ MEDICAL CORPORATION
- ☐ EXEMPT CORPORATION (Non-profit)
- ☐ ALL OTHER CORPORATIONS

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)

| | | - | | | | | | | |

- ☐ PARTNERSHIP
- ☐ ESTATE OR TRUST

NOTE: State and local governmental entities, including school districts are not required to submit this form.

☒ INDIVIDUAL SOLE PROPRIETOR

SOCIAL SECURITY NUMBER

OWNER'S FULL NAME

615171-18131-177192

Regina Ellen Rogers

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

4

PAYEE
RESIDENCY
STATUS

CHECK APPROPRIATE BOX(ES)

- ☒ California Resident - Qualified to do business in CA or a permanent place of business in CA.
- ☐ Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding.
- ☐ WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED
- ☐ SERVICES PERFORMED OUTSIDE OF CALIFORNIA

NOTE:

a. An estate is a resident if decedent was a California resident at time of death.

b. A trust is a resident if at least one trustee is a California resident.

(See Page 2)

5

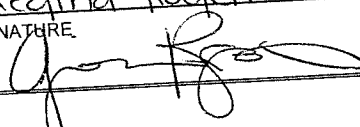
CERTIFYING
SIGNATURE

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

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)

Regina Rogers

SIGNATURE



TITLE

DATE

03/23/09

TELEPHONE NUMBER

818-434-4356



INVOICE

Invoice Date	Invoice No
4/10/2009	12739

Bill To

CSUCI Foundation
Accounts Payable
One University Drive
Camarillo, CA 93012

Ship To

CSUCI Foundation - Malibu Hall
One University Drive
Camarillo, CA 93012

P.O. No.	Terms	Ship Date	Ship Via	FOB	Order Date
Catherine	Net 30	4/10/2009	deliver	Camarillo, CA	
Product Description			QTY	Unit Price	Line Total
Lee 218-228 gel sheet 103			3	6.75	20.25T
Lee 218-228 gel sheet 035			2	6.75	13.50T
Polyken gaffer tape, 2 inch, 60 yd, black			6	14.00	84.00T
Thank you!				Subtotal:	\$117.75
				Sales Tax: (8.25%)	\$9.71
CA State Contractor's License #835806				Total:	\$127.46
Please note: Interest of 1.0% per month charged on all accounts past due 30 days.				Payments/Credits:	\$0.00
				Balance Due:	\$127.46

Regina Rogers
339 1/2 S. Avenue 52
Los Angeles, CA, 90042
February 23, 2009

Catherine Burriss
Assistant Professor, Performing Arts
California State University Channel Islands
1 University Drive
Camarillo, CA 93012

Dear Catherine Burriss:

You recently requested pricing information from our company. Here is our quote:

Service	Hourly rate	Estimated cost
Draper/Alteration Supervisor		
Total		\$ 1700.00
Tax		
Grand total		\$ 1700.00
Delivery date		

Thank you for giving us the opportunity to bid for your business.

Sincerely,



Regina Rogers
Wardrobe Supervisor

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1	DEPARTMENT/OFFICE CSU Channel Islands <hr/> STREET ADDRESS One University Drive <hr/> CITY, STATE, ZIP CODE Camarillo, CA 93012 <hr/> TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)
2	PAYEE'S BUSINESS NAME <u>Regina Rogers</u> <hr/> <u>3391A S. Ave 52</u> MAILING ADDRESS (Number and Street or P.O. Box Number) <hr/> <u>LA CA 90042</u> (CITY, STATE, and ZIP CODE)	
3	CHECK ONE BOX ONLY <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> </div> <div style="width: 48%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> </div> <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME <u>515171-18131-1717192</u> <u>Regina Ellen Rogers</u>	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4	CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.	
CERTIFYING SIGNATURE	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) <u>Regina Rogers</u> <hr/> SIGNATURE 	TITLE <hr/> DATE <u>03/23/09</u> <hr/> TELEPHONE NUMBER <u>818-434-4356</u>

Sent to A/P 5/27 5/13/09

SALE 1012 00057 24570 04/04/0
14 SCOT57 04:31 F



043044110304 13X49WFRDRMR <A>
506.99
039003099568 6X4.5IN FELT <A>
761475962957 MICROFBR 3PK <A>
075967901981 IND VELCRO <A>
SUBTOTAL
SALES TAX
TOTAL
XXXXXXXXXXXXX8015 DEBIT
AUTH CODE 160535



RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXP.
1	90	07/03/2011

THE HOME DEPOT RESERVES THE RIGHT
TO DENY RETURNS. PLEASE SEE
RETURN POLICY

PLAYCLOTHES
11422 MOORPARK ST.
STUDIO CITY CA 91602
818-755-9559

Merchant ID: 518089180104929
Term ID: 2662

Sale

```

3IT
XXXXXXXXXXXX7012
ry Method: Swiped
rzd: Online      Batch#: 00
36/09                                13:1
t Ref #: 999
: 000000003 Appr Code: 021474

```

Playclothes

vintage fashions



11422 Moorpark Street • Studio City, CA 91602
(818) 755-9559 FAX (818) 755-9515
www.vintageplayclothes.com

[illegible]

All claims and returned goods MUST be accompanied by this bill.

NEBS To Reorder:
800-225-6380 or nebs.com

Thank You

Michaels

Where Creativity Happens™

MICHAELS STORE #2008 (818)291-0944

219 N. GLENDALE AVE.
GLENDALE, CA 91206

YOUR RECEIPT
THANK YOU
CALL AGAIN

REG 04-08-2009 13:20
0523

DEPT01 \$7.00
TOTAL \$7.00
CASH \$20.00
CHANGE \$13.00

9-9049-3043-0711-0251-1111-9117-1191-5068



106 SALE 4951 2008 002 4/08/09 14

CS 20Z IVORY	28995236082	.50	1 @	.50
CS 20Z BRIGHT RE	28995236174	.50	1 @	.50
CS 20Z MUSTARD Y	28995236310	.50	1 @	.50
CS 20Z GRASS GRE	28995236419	.50	1 @	.50
CS 20Z BLACK	28995236624	.50	1 @	.50
CS 20Z METALLIC	28995236648	.50	1 @	.50
H2O LATEX SEAWEE	724504026228	6.49	1 @	6.49
SUBTOTAL		9.49		
SALES TAX		.88		
TOTAL		10.37		

CASH TENDER 11.00
CHANGE .63

** Return Barcode **

0064-9994-0964-4309-3121-1157-1196-508



SEE THE CAUTION TAPE

BERGER BEADS, INC. SPECIAL
413 E. 8TH ST. IDEAS
LOS ANGELES CA 90014
WWW.BERGERBEADS.NET
PH 213-627-8783
FX 213-680-9743

ION & TRIM EXPO
828 MAPLE AVE.
TEL: 213/622-2323

04/08/2009 11:31AM 0
000000#7887 CLERK01

4 @ \$2.50
LACE 11 \$10.00
MDSE ST \$10.00
TAX1 \$0.93

ITEMS 4Q
***TOTAL \$10.93
CASH
CHANGE

IMPERIAL TRIMMING
908 SOUTH MAPLE AVE
LOS ANGELES, CA 9001
TEL: (213) 622-6152

09/2009 1:45PM
00#7370 CLEF 1

\$10.00

04/08/2009 11:55AM
000000#2342 CLERK0

DEPT. 01	11 \$0.99
DEPT. 01	11 \$7.50
DEPT. 01	11 \$5.50
MDSE ST	\$14.39
TAX1	\$1.33

ITEMS 3Q
***TOTAL \$15.72
CASH \$20.00
CHANGE \$4.28

CSU

TRAVEL EXPENSE CLAIM (TEC)

C.I.T.#

Must be submitted within 30 days of the end of travel

Employee Applicant Volunteer Non-Employee Student (waiver on file)

TRAVELER'S NAME Catherine Burriss		RESIDENCE ADDRESS 326 Platt's Harbor Dr.		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 805-437-3126	
DEPARTURE DATE		DEPARTURE TIME (AM/PM)		RETURN DATE	
RETURN TIME (AM/PM)		FORM PREPARED BY: Merissa Stith		EXTENSION 3272	
DEPARTMENT Performing Arts		POSITION Professor		DATE PREPARED 4/29/09	
DELIVERY OPTIONS SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>					

SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE MILES	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
		NA	Breakfast	Lunch	Dinner	NA						0.00		\$0.00

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE MILES	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
3/10/09	Goodwill Industries					N/A								
3/11/09	99 Cents Only Store											0.00	5.98	\$5.98
3/14/09	F&S Fabrics											0.00	4.83	4.83
3/16/09	Michael Levine INC											0.00	16.18	16.18
3/16/09	Michael Levine INC											0.00	6.50	6.50
3/30/09	Michaels											0.00	13.16	13.16
3/30/09	Michaels											0.00	6.41	6.41
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0	\$0.00	\$92.85	\$92.85
ESS AMOUNT PREVIOUSLY PAID BY CSUCI														
ESS ANY OTHER ADJUSTMENTS														0.00

Source of Funding: (Please verify chartfields before submitting to AP) AMOUNT DUE TRAVELER \$92.85

Account	Fund	Dept	Program	Class	Project	Amount
660003	GD935	715	90227			\$92.85
*606803						\$0.00

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim
These expenses were for costume pieces and props for the 2009 Performing Arts Spring Production
Once in a Lifetime".

NORMAL WORK DAYS & HOURS 9-5pm	
PRIVATE VEHICLE LICENSE	
MILEAGE RATE CLAIMED 0.550 (If different see instructions)	

HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the \$0.00, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE Catherine Burriss	DATE 5/5/09
MANAGER'S SIGNATURE N. Jacquelyn Kilpatrick	DATE 5-8-09
DIVISION APPROVAL SIGNATURE Ashleigh	DATE 5-13-09

AWN Neumann
Sent to AP 5/27 5/13/09