



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

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

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: Creating a Digital Library of Local Complementary Health Practitioner Demonstrations

Project Sponsor/Staff (Name/Phone): Barbara Thorpe/ 437-8421

Activity/Event Date(s): Thursdays, 9/10-11/19, 6-8:50 p.m.

Date Funding Needed By: September, 2009

****Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2009 and for Spring Requests early January 2010.**

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

- | | |
|---|---|
| <input type="checkbox"/> Equipment Purchase | <input type="checkbox"/> Field Trip |
| <input 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 checked="" type="checkbox"/> IT Requirements | |
| <input type="checkbox"/> International Travel | <input type="checkbox"/> Risk Management Consultation |
| <input type="checkbox"/> Space/OPC Requirements | <input type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, spring 10/15) |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

Previously Funded: **X**YES NO Yes, Request # 257

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

Assessment submitted for previously Funded Activity: **X**YES NO

Academic Program or Center Name and Budget Code: **Nursing**

Date of Submission: 3/15/09

Amount Requested: \$2100.00
 (Should match item 2. E. on page 4)

Estimated Number of Students Participating: 50

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

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

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

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

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

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

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

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

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

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

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

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major. Expert complementary and alternative health (CAH) practitioners (5) will explain and demonstrate a variety of CAH therapies and practices to help students achieve 3 of 6 Nursing/Psychology 342 course objectives. The course is an upper division interdisciplinary general education course (C3b, E) satisfying the university writing requirement. Students will research and collect information on a CAH modality, reflect on a series of questions related to the modality, describe their reaction **following demonstration** of a CAH therapy/practice and analyze the practice or therapy using reputable, evidence-based literature to support their analysis.
2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed. The IRA request is integral to the fall, 2009 course offering: Nursing/Psychology 342, 3 units satisfying C3b, E, upper division GE and the university writing requirement. It will complete a basic digital library of 16 CAH modalities, the last 5 based on evaluation comments of 2008 students.
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.** Three of six course objectives will be assessed through reaction papers and a formal research paper detailing a selected CAH practice along with evidence supporting its use within one or more of the National Institutes for Health Center for Complementary and Alternative Medicine five categories following observation and demonstration of that practice/modality.
4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4) We are requesting honoraria totaling \$1,000.00
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity. CSUCI Instructional Technology department has been consulted with regard to videotaping 5 hours of CAH practitioner demonstrations during fall, 2009 and approval is indicated in attached email.
7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2. Barbara Thorpe and Karen Jensen have read and accepted the

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

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	_____ \$1,000.00 *
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	_____
 TOTAL Expenses	 _____ \$1,000.00

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)	_____ \$750.00(\$150 p.hr.X5 sessions Instructional Technology has agreed to videotape the guest speakers and include CG techchnology for accessibility(see email approval/support)
E. Requested Allocation from IRA	
 Total Revenue	 _____ \$1,000.00*

* 5 guest speakers

** Videotaping of 1 hour per guest speaker totaling 5 hours for a video clip library to be used for current and future classes to enable accessibility.

Conditions and Considerations detailed on page 2 of the Application for IRA and have signed on the next page.

Signatures and Dates

<u>Barbara Shoyce</u>	<u>3/15/09</u>
Project Sponsor	Date

<u>Karen Jensen</u>	<u>3/16/09</u>
Program Chair/Director	Date

<u>Ahron Gu</u>	<u>3/17/09</u>
Dean	

298

Instructional Related Activities Report Form

SPONSOR	DEPARTMENT
Barbara Thorpe, Professor of Nursing	Nursing
ACTIVITY TITLE	DATE (S) OF ACTIVITY
Creating a Digital Library of Local Complementary Health Practitioner Demonstrations	9/3/09-11/19/09

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. Description of Activity:** Expert complementary and alternative health (CAH) practitioners (6) explained and demonstrated a variety of CAH therapies and practices while being videotaped. The course is an upper division interdisciplinary general education course (C3b, E) satisfying the university writing requirement. Students researched information on a CAH modality of choice, reflected on a series of questions related to the modality, described their reaction **following demonstration** of a CAH therapy/practice and analyzed the practice or therapy using reputable, evidence-based literature to support their analysis in a 2500 word paper. The CAH practitioners tapes were added to the 11 existing podcasts which were used throughout the course via video streaming through the library. All lectures/demonstrations were edited and captioned for accessibility.
- 2. Relation to IRA to Course Offerings.** The IRA request is integral to the fall, 2009 course offering: Nursing/Psychology 342, 3 units satisfying C3b, E, upper division GE and the university writing requirement. It will complete a basic digital library of 17 CAH modalities, the last 6 based on evaluation comments of 2008 students.
- 3. Activity Assessment.** A SURVEY MONKEY ASSESSMENT WAS DISTRIBUTED AND IS ATTACHED WITH PERTINENT QUESTIONS AND ANSWERS HIGHLIGHTED. STUDENTS WERE INVOLVED IN THE FILMING OF THE LAST 6 (OF A TOTAL OF 17) PRACTITIONERS. AT THE SAME TIME THEY WERE VIEWING PODCASTS OF PRIOR SPEAKERS AND REACTED TO THE CONTENT AND QUALITY OF SEEING THE DEMONSTRATIONS ONLINE.

Some findings: (the complete course survey is attached)

1. 91.7% FELT THE LECTURE/DEMONSTRATION FORMAT WAS HELPFUL TO THEIR LEARNING
- 2.. 100% LEARNED FROM THE CAH PRACTITIONERS.

3. 83% INDICATED THEY LEARNED FROM THE PODCASTS.

4. 79% INDICATED THEY WOULD CONSIDER VISITING A COMPLEMENTARY AND ALTERNATIVE PRACTITIONER FOR CERTAIN PROBLEMS AND CONDITIONS BASED ON THE COURSE.

5. 100% FELT THEIR ATTITUDE HAD EXPANDED AS A RESULT OF THIS COURSE.

6. 70% WOULD TAKE ANOTHER COUSE ON CAH.

A COMPREHENSIVE LIST OF PODCASTS IS ATTACHED AND IS AVAILABLE TO OTHER INSTRUCTORS BY REQUEST.

3. WHAT HAVE YOU LEARNED FROM THE PROCESS?

I LEARNED THAT STUDENTS ARE SOMEWHAT INHIBITED BY THE PRESENCE OF THE CAMERA. THEY ARE TRYING TO BE QUIET SO AS NOT TO INTERFERE WITH THE TAPING. THEY HESITATE TO ASK QUESTIONS THAT MIGHT BE CAPTURED ON TAPE. WE LEARNED TO TURN OFF THE CAMERA FOR QUESTIONS.

STUDENTS INDICATED THEY REALLY APPRECIATED THE STUDY GUIDES TO THE PODCASTS. WE ARE AIMING TO COMPLETE ANOTHER 6 PODCASTS GUIDES SO ALL OF THEM HAVE GUIDES FOR VIEWING.

STUDENTS REALLY ENJOYED GETTING UP AND ACTIVELY MOVING DURING THE YOGA, PILATES, AND FITNESS DEMONSTRATIONS. A JUDICIOUS USE OF HANDS ON ACTIVITIES AND EXPERIENTIAL ACTIVITIES IS A BONUS OF A LIVE DEMONSTRATION. HOWEVER, SEVERAL STUDENTS TOLD ME THEY WATCHED THE YOGA TAPE AND RELAXATION EXERCISE WHENEVER THEY WANTED TO DE-STRESS. THEREFORE, STUDENTS COULD BE ENCOURAGED TO INTERACT WITH THE PODCASTS AS THEY WOULD AN EXERCISE VIDEO ON TELEVISION TO CAPTURE THAT ACTIVITY BENEFIT.

OVERALL, IT WAS WORTH ALL THE PLANNING AND COMMUNICATIONS WITH THE PRACTITIONERS. THEY ENJOYED THE STUDENTS AND SHARING THEIR APPROACHES WITH A NEW GENERATION OF PROSPECTIVE CLIENTS. CARRYING THE PROJECT OVER TWO YEARS GAVE US TIME TO ADJUST THE LAYOUT OF THE ROOMS, BETTER PREPARE THE STUDENTS AND PRACTITIONERS FOR THE INTENSITY OF THE 1 HOUR TAPING.

I'VE SHARED THE COURSE WITH SEVERAL NURSING FACULTY WHO WILL BE TEACHING IT IN THE FUTURE. I THINK THE CONTENT IS EASILY ADAPTABLE TO A NUMBER OF COURSES AND THE LIBRARY CAN PROVIDE THE PODCASTS ON "EXTERNAL LINKS" IN CILEARN/BLACKBOARD TO AUGMENT THEIR TOPIC.

DEMONSTRATIONS WITH VOLUNTEERS TAKE TIME SO SOME OF OUR SESSIONS WENT OVER AN HOUR, WHICH COST MORE IN EDITING/CAPTIONING COSTS THAN WE PROJECTED. FORTUNATELY, WE HAD AN OVERAGE IN THE HONORARIA AS ONE OF THE DOCTORS DID NOT CLAIM HER HONORARIUM.

WE EXPENDED \$1,000 ON HONORARIA AND \$1099.75 ON EDITING/CAPTIONING THUS USING OUR ENTIRE BUDGET OF \$2100.

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

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



California State University Channel Islands
Check Request Form

298

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

MAKE CHECK PAYABLE TO:

Name: Claudine Singer

PeopleSoft Vendor ID: _____

Address 1: 3150 Kawai Ct

Note: New vendors must complete a Form 204

Address 2: _____

Check will be:

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

City, State Zip: Simi Valley, CA 93063

Description as it should appear on reports (30 characters)

Amount \$ 200.00

Singer Honorarium

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

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

* To be used by payroll department only.

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

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

Description and/or explanation of payment.

Honorarium for speaker for IRA funded Digital Library of Complementary Health Care Practices. See attached offer letter and proposal. Payee data form attached (was previously faxed to Procurement).

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	721	90256			\$200.00
Total						\$200.00

Requested Mary Devins x3253
Printed Name & Extension

Mary Devins 1/7/10
Signature Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee 1/7/10
Signature Date



California State University Channel Islands
Check Request Form

298

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

MAKE CHECK PAYABLE TO:

Name: William H Spain

Address 1: 1670 Terrell Ridge Dr SE

Address 2: _____

City, State Zip: Marietta, GA 30067-8443

Amount \$ 200.00

PeopleSoft Vendor ID: _____

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)

Spain Honorarium

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

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

* To be used by payroll department only.

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

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

Description and/or explanation of payment.

Honorarium for speaker for IRA funded Digital Library of Complementary Health Care Practices. See attached offer letter and proposal. Payee data form attached (was previously faxed to Procurement).

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	721	90256			\$200.00
Total						\$200.00

Requested Mary Devins x3253
Printed Name & Extension

Mary Devins
Signature

1/7/10
Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee
Signature

1/7/10
Date

 You forwarded this message on 3/16/2009 8:37 AM.

Thorpe, Barbara

From: Swanson, Judy
To: Thorpe, Barbara
Cc:
Subject: RE: IRA proposal for nursing due today need your support
Attachments:

Sent: Mon 3/16/2009 8:10 AM

Hi Barbara,
IT will be happy to provide in kind support for this project.

--- original message ---

From: "Thorpe, Barbara" <Barbara.Thorpe@csuci.edu>
Subject: IRA proposal for nursing due today need your support
Date: March 16, 2009
Time: 7:43:32 AM

Hi Judy, I hear you're off campus today and it's the deadline for the IRA proposals. Nursing's is identical to last years except the number of NRS/PSY 342 CAH sessions are only 6 instead of 10. Total budget is \$2100 with \$1200 for guest presenters and \$900 for decoding and transcription for accessibility.

IT gave in-kind support of videotaping time last semester and it requires a quick email from you to me stating that you are in support of the project called:

"Creating a Digital Library of Local Complimentary Health Practitioner Demonstrations"

Your in-kind to nursing would be 6 hours of videotaping time.
I've attached the proposal but you may not be able to read it on your device.
Thank you!

Barbara Thorpe
805-377-9266



California State University Channel Islands
Check Request Form

298

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

MAKE CHECK PAYABLE TO:

Name: Image Resource Center

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Address 1: 2334 Eagle Creek Lane

Address 2: _____

City, State Zip: Oxnard, CA 93036

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

Vreeland Honorarium

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

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

* To be used by payroll department only.

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

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

Description and/or explanation of payment.

Honorarium for speaker for IRA funded Digital Library of Complementary Health Care Practices. See attached offer letter and proposal. Payee data form attached (was previously faxed to Procurement).

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	721	90256			\$200.00
Total						\$200.00

Requested Mary Devins x3253
Printed Name & Extension

Mary Devins 10/20/09
Signature Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee 10/20/09
Signature Date

298



Division of Academic Affairs

August 20, 2009

Dear Dr. Vreeland,

This is an offer letter for your presentation on "Hypnotherapy" on Thursday evenings November 5, 2009 at CSU Channel Islands in Camarillo for about an hour between 6 and 8 p.m. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 33 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 1494. We hope to begin promptly at 6 p.m. with a brief introduction of you to the 33 students and conclude at about 7:15 p.m.

We would be pleased to offer you an honorarium of \$200 in gratitude for your participation, and to cover any travel expenses. We will have a parking pass for you at the Public Safety Office, first building on the right as you enter campus with free parking in front labeled "Placer Hall."

You need to pick up permit before 5:25pm. The link to the campus map:

<http://www.csuci.edu/about/map/images/int-campus-map-2009-0402.gif>

Take 101 S to Lewis Road exit, turn left on Ventura Blvd. 4 blocks and turn right on Lewis. Go 2.5 miles to CSUCI sign, turn left. Take winding road called University Drive for 1 mile.

Take University Drive to Placer Hall/Public Safety and pick up parking pass with your name on it. Free pkg. for 1/2 hour while you go to public safety. Call me at 805- 377-9266 and I'll meet you at the Bell Tower Bldg. where you're headed.

Display pass in lower left window.

Leave pkg. lot, go through first stop sign to next stop sign.

Go 50 ft. to red sign monument in front of driveway on the RIGHT. You will be walking down that drive to the back of the BT bldg.-once you park.

But first you must park in any of the lots on your left. If you have a handicapped sticker, use it because there are many of the blue spots. If not, you may have to search a bit.

Once you have parked, take the drive on your right you spotted on the way in.

Walk through red doors into the Bell Tower Bldg. Turn left and immediately see BT 1494 classroom.

Call me if you have any questions.

Looking forward!

Thank you!

Barbara

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

298



Division of Academic Affairs

The officers will tell you which parking lots are best for Bell Tower 1494. Allow 20 minutes to find and walk to the classroom on the second floor.

If you have any information that you would like me to photocopy for the students to read, please email it to me as a word attachment at Barbara.thorpe@csuci.edu. Please don't hesitate to call me if any issues arise. Thank you again for your willingness to share your expertise in this exciting area of complementary health.

Sincerely,

Barbara Thorpe
Professor of Nursing

California State University Channel Islands
C 805-377-9266
Barbara.thorpe@csuci.edu

Cc: Mary Devins



California State University Channel Islands

Check Request Form

298

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

MAKE CHECK PAYABLE TO:

Name: Complete Body Care & Wellness Ctr

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

Address 1: 567 W. Channel Islands Blvd

Address 2: #674

City, State Zip: Pt Hueneme, CA 93041

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 checked="" type="checkbox"/> Honorarium/Speaker Fee (under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

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

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

Description and/or explanation of payment.

Honorarium for speaker for IRA funded Digital Library of Complementary Health Care Practices. See attached offer letter and proposal. Payee data form attached (was previously faxed to Procurement).

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	721	90256			\$200.00
Total						\$200.00

Requested Mary Devins x3253
Printed Name & Extension

Mary Devins
Signature

10/5/09
Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee
Signature

10/5/09
Date