



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

**Application**  
**Instructionally Related Activities Funds Request**  
**2009-2010 Academic Year**  
**DEADLINE: Fall and Academic Year 3/14/09**  
**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:** *Kinetic Sculpture*

Project Sponsor/Staff (Name/Phone): Jerry Clifford, 437-2798

Activity/Event Date(s): Fall semester 2009

Date Funding Needed By: August 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 checked="" 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 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)   |
| <input type="checkbox"/> Other: partial payment for outside event |   |

Previously Funded: ☐ YES ☒ NO      Yes, Request # \_\_\_\_\_

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: Applied Physics

Date of Submission: 3/15/09

Amount Requested: \$800

(Should match item 2. E. on page 4)

Estimated Number of Students Participating: 20 - 30

**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 3/14, 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.

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.

The Applied Physics program will take the lead in building a kinetic sculpture for the Ventura Kinetic Sculpture Race. Please visit <http://www.kineticrace.com/> to see details about the race and entries from last year. The vehicle must be human powered and able to negotiate water, sand, pavement, and mud. The kinetic sculpture must also be aesthetically pleasing. The motto is "Where Art and Engineering collide".

Our goal is to have students from across campus design, build, test, and operate the kinetic sculpture. They will scrounge most materials but there are some things that they may have to buy, including safety equipment. We may be able to borrow life jackets from the sailing club. Last year's race was October 25, so the students will have about two months to complete the sculpture. Working on the project will help students develop technical skills as well as social coordination skills necessary to complete a major project.

Students will represent CSUCI at the Ventura event, which is well advertised and has a dedicated following. The race is a fund raising event for Turning Point Foundation. For more than 16 years, Turning Point has operated community-based mental health programs in Ventura County. Winning the race is by bribery of the judges and large payoffs to the kitty.

We may even encourage competition among our local schools, including Cal Lutheran and the three community colleges.

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.

This proposal would support the existing PHYS 103, How Things Work, PHYS 492 and 497, and the Physics Club. We will involve students from the Art programs for artistic design and the Center for Community Engagement. For PHYS 103, students will get extra credit for being actively involved in the Kinetic Sculpture Race and will be able to use their participation in lieu of one graded project.

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.**

After the race, the students will answer a brief questionnaire about their involvement and its value. Student interest in the design, construction, testing and operation will be assessed. The interdisciplinary aspects of the project will also be examined. The information will be collected into a report 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)

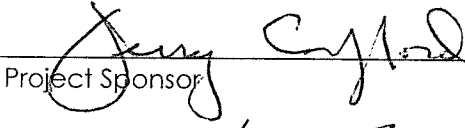
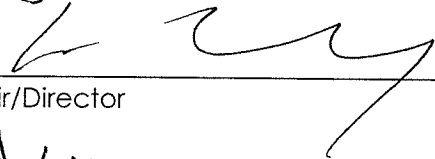
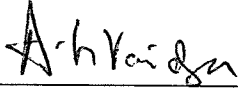
The cost is all for equipment to build the kinetic sculpture. The cost will depend on the students' design. While most of the material will be scrounged or donated, some of the materials may have to be purchased.

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

We will seek donation for most of the equipment. OPC may have surplus equipment they could contribute. They also have welding equipment and other manufacturing expertise.

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		3/16/09
		Date
Program Chair/Director		3/16/09
		Date
Dean		3/17/09

Application  
Instructionally Related Activities Funds Request  
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

A. Supplies	none
B. Vendor Printing	none
C. In-State Travel	included
D. Out-of-State Travel	none
E. Equipment Rental	none
F. Equipment Purchase	\$800
G. Contracts/Independent Contractors	none
H. Honorarium	none
I. OPC Chargeback	none
J. Copier Chargeback	none
K. Other (Please Specify)	none
TOTAL Expenses	\$800

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)	_____ significant but unknown
Donation of equipment and supplies will make the bulk of the kinetic sculpture.	
<b>E. Requested Allocation from IRA</b>	

Total Revenue	none
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### Instructional Related Activities Report Form

SPONSOR	DEPARTMENT
Jerry Clifford	Physics

ACTIVITY TITLE	DATE (S) OF ACTIVITY
Applied Physics – Kinetic Sculpture Vehicle Race	Saturday, October 24, 2009

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

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

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

#### **Description of Activity:**

The Applied Physics program took the lead in building a kinetic sculpture for the Ventura Kinetic Sculpture Race. Please visit <http://www.kineticrace.com/> to see details about the race and entries from last year. The vehicle had to be human powered and be able to negotiate water, sand, pavement, and mud. The kinetic sculpture must also be aesthetically pleasing. The motto is "Where Art and Engineering collide".

CSUCI students, led by Aaron Satterlee and Lincoln Hatfield, designed and constructed a vehicle for the Ventura Kinetic Sculpture Race. The human powered vehicle negotiated the Ventura harbor, sand beach, parking lot asphalt, and mud pit built near the harbor. Our goal was to have students from across campus design, build, test, and operate the kinetic sculpture.

The students started by investigating designs for other kinetic sculpture vehicles. They selected a cog wheel design shown in Figure 1 to modify for the more demanding environment of the Ventura race. The plan was to have two wheels connected with a rigid beam. Due to time, we ended up making only one wheel. The wheel was made from sheets of  $\frac{1}{4}$ " plywood glued and screwed together and then cut into a ring. The cog drive system was changed to be a unicycle riding inside a track made of ABS plastic water pipe, as seen in Figure 2.



Fig 1 – a cog-wheel kinetic vehicle.



Aaron Satterlee led the assembly of the single wheel, which had two plywood rings separated with spacers to hold the black-plastic track. The unicycle, which Mike's Bike Shop in Newbury Park supplied at cost, was welded to a triangular brace to hold the wheel within the track. Lincoln Hatfield did all the welding on the vehicle. Caster wheels were attached to the steel structure to ride inside the track. A chair was welded to the horizontal brace of the steel triangle so the driver could peddle the vehicle.

In theory, the driver would peddle the unicycle which would ride up the side of the wheel. The center of mass would then be in front of the location where the wheel touched the ground. Gravity would then rotate the wheel so the center of mass was always over the point of contact with the ground. In fact, the vehicle did work as planned.

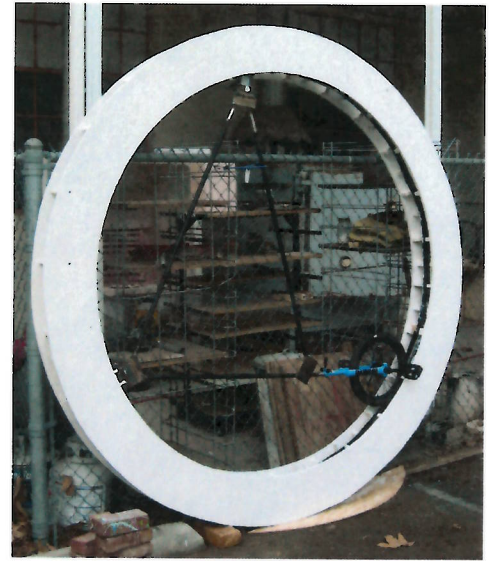


Fig 2 – our wheel & unicycle.



Fig 3 – Lincoln on the test ride, with Aaron, Kevin & Brandon.

A friend of CSUCI, Fred Gretan, provided two inflatable kayaks to support the vehicle in the water. We built two wooden braces to support the wheel from the kayaks. Our first attempt in the water on Friday afternoon, Figure 4, proved the braces were insufficient. Late night modifications corrected that problem.

Our first test drive of the vehicle occurred Friday afternoon before the Saturday race, as shown in Figure 3. The test across the South Quad was successful until a castor punched a hole in the black plastic track. Thankfully, the driver was belted into the seat as he was now spinning with the wheel. Safety monitors running alongside quickly stopped the wheel. We replaced the broken track and braced the section. Unfortunately, the track became our nemesis.



Fig 4 – first water test with Aaron, Brandon, Hanna & Michael.





Fig 5 – Assembling the KSC on race day with Aaron, Michael and Lincoln.

On Race day, we assembled the vehicle and added our University mascots, thanks to our art student designers Lizzie and Hanna. Our completed Kinetic Sculpture Vehicle received enthusiastic cheers from the spectators. Then we headed for the starting ramp into Ventura Harbor.



Fig 6 – Michael starting the water leg of the Ventura Kinetic Sculpture Race.



Good news – we didn't sink. Bad news – mechanical failure forced us to ask the Coast Guard for a tow. Michael, the operator for the first leg had a rough start, having never been on the vehicle before. Peddling the unicycle turned the large wheel for propulsion but was much harder than he anticipated. He used the paddles to steer. Tragedy struck when the castor again punctured the black plastic track. Michael no longer had propulsion and needed a tow to shore.

Undaunted, we did complete the race by emulating hamsters in our 8-foot wheel, coming in fifth on the sand and first in the mud pit, which stopped most of the vehicles. It was great fun for our first outing. We look forward to an improved version next year.



Fig 7 – Michael after a Coast Guard tow to shore.



Fig 8 – Michael, Lincoln and Jerry going through the mud pit.

We could improve the design of the vehicle by using stronger track and large rubber tires instead of castor wheels in the track.

We scrounged most materials but there were some things that we had to buy. We were able to borrow life jackets from Fred Gretan.

The race was on October 24, so the students had less than two months to design, construct and test the sculpture.

#### Activity Related to Course:

This KSV activity supported the Applied Physics students who participated and several students from PHYS 103 course, "How Things Work". The activity directly contributes to the stated student learning outcomes of the course.

#### Learned from Activity:

Working on the project helped students develop technical skills as well as social coordination skills necessary to complete a major project. The students participated in active learning that supplemented the classroom environment with real-world examples of physics in action.

The students who attended were:

Marshall Weber  
Steven Greco  
Kevin Leekley  
Michael Roberston  
Joshua Glenn  
Lincoln Hatfield  
Hannah Schiff  
Aaron Satterlee  
Lizzie Strandstra

Faculty who helped are:

Brian Rasnow  
Peter Harper  
Ivan Grooms

Staff from OPC who helped are:

Terry Belote  
Rich Paulson  
Noel Buena  
Danny Fox  
Rogellio Mendoza  
Bob Sturgeon

Community support:

Fred Gretan  
Mike's Bike Shop, Newbery Park, CA

Students represented CSUCI at the Ventura event, which was well advertised and has a dedicated following. The race is a fund raising event for Turning Point Foundation. For more than 16 years, Turning Point has operated community-based mental health programs in Ventura County. Winning the race is by bribery of the judges and large payoffs to the kitty.

### **Accounting**

The accounting is shown on the following page.

**Accounting for IRA Funds**  
**"Kinetic Sculpture Vehicle" activity for Applied Physics**  
**Fall 2009**

Entry Fee	\$140.00	
Unicycles	$\$130 - 65 = 65$	(only one unicycle was used)
Inflatable birds	\$69.17	
Hardware	<u>\$529.27</u>	
Total	\$803.44	



# 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: Francine Broughton

PeopleSoft Vendor ID: 5294

Note: New vendors must complete a Form 204

Address 1: 320 Appleton Ave

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

City, State Zip: Camarillo, CA 93012

### 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 speaker series. See attached proposal. Vendor already in database.

☐ 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

9/22/09  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

9/22/09  
Date





September 21, 2009

Dear Ms. Broughton,

This is an appointment letter to offer your presentation on "Yoga East/ Pilates West" on Thursday, September 24, 2009 at CSU Channel Islands in Camarillo for about an hour and a half 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 7:30 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." The officers will tell you which parking lots are best for Bell Tower 1494. OR I will pick up the pass, bring it to you at the gym. **Call me on my cell phone( 805-377-9266) and I will meet you at the circular drive in front of the Bell Tower classroom and direct you across the fountain courtyard to our classroom.**

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](mailto:Barbara.thorpe@csuci.edu). Please don't hesitate to call me if any issues arise. Thank you again for your willingness to consider sharing your expertise in this exciting area of complementary health.

I am very much looking forward to your presentation.

Sincerely,

Barbara Thorpe  
Professor of Nursing

California State University Channel Islands  
C 805-377-9266  
[Barbara.thorpe@csuci.edu](mailto:Barbara.thorpe@csuci.edu)

Cc: Mary Devins

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

## 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)

299  
(waiver on file)

TRAVELER'S NAME		RESIDENCE ADDRESS		CITY/STATE/ZIP CODE	
Jerome Clifford		2215 Stacy Lane		Camarillo, CA 93012	
HEADQUARTERS CITY/STATE/ZIP		TRAVELER'S PHONE NO.		DEPARTMENT	POSITION
Camarillo, CA 93012		x2798		785 Physics	Lecturer
				DATE PREPARED	
				5/19/10	
RETURN DATE	RETURN TIME (AM/PM)	FORM PREPARED BY:		EXTENSION	DELIVERY OPTIONS
		Mary Devins		3253	SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>

## SAME-DAY TRAVEL

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

## OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES			AMOUNT
9/25/09	Home Depot					N/A						0.00	324.51	\$324.51
10/3/09	Home Depot											0.00	40.20	40.20
10/6/10	Ebay											0.00	69.17	69.17
10/9/09	Home Depot											0.00	20.35	20.35
10/15/09	Michael's Bicycles											0.00	65.00	65.00
10/16/09	Harbor Freight/Home Depot											0.00	36.59	36.59
10/17/09	Home Depot											0.00	65.74	65.74
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0	\$0.00	\$621.56	\$621.56
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														
				AIR FARE			REGISTRATION			OTHER				0.00
LESS ANY OTHER ADJUSTMENTS		Comments:												

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

AMOUNT DUE TRAVELER

\$621.56

Account	Fund	Dept	Program	Class	Project	Amount
660003	TK910	785	90257			\$621.56
*606803						\$0.00

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

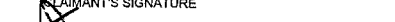

**Total Amount**

**\$621.56**

Page 1 of 2 for TEC. Receipts, IRA Report and Proposal attached.

NORMAL WORK DAYS & HOURS	
PRIVATE VEHICLE LICENSE	
MILEAGE RATE CLAIMED	
0.500	(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	CLAIMANT'S SIGNATURE	DATE
Jerome Clifford		5/19/2010
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE	DATE
Dan Wakelee		5/19/2010
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE



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 <b>Jerome Clifford</b>		RESIDENCE ADDRESS 2215 Stacy Lane		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. x2798	DEPARTMENT 785 Physics
POSITION Lecturer		DATE PREPARED 5/19/10			
DEPARTURE DATE	DEPARTURE TIME (AM/PM)	RETURN DATE	RETURN TIME (AM/PM)	FORM PREPARED BY Mary Devins	EXTENSION 3253
				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	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES	AMOUNT	
		NA		NA		NA						0.00	\$0.00

**OVERNIGHT TRAVEL**

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES	AMOUNT	
10/18/09	B&B					N/A						0.00	19.95
10/20/09	KSR Entry Fee											0.00	140.00
10/21/09	B&B/ Home Depot											0.00	21.93
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0	\$0.00	\$181.88

LESS AMOUNT PREVIOUSLY PAID BY CSUCI	AIR FARE	REGISTRATION	OTHER	0.00
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LESS ANY OTHER ADJUSTMENTS	Comments:
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Source of Funding: ( Please verify chartfields before submitting to AP )	AMOUNT DUE TRAVELER	\$181.88
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Account	Fund	Dept	Program	Class	Project	Amount
606003	TK910	785	90257			\$181.88
*606803						\$0.00

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim	Total Amount	\$181.88
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Page 2 of 2 for TEC.	NORMAL WORK DAYS & HOURS
	PRIVATE VEHICLE LICENSE
	MILEAGE RATE CLAIMED 0.500 (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 Jerome Clifford	CLAIMANT'S SIGNATURE 	DATE 5/19/2010
MANAGER'S PRINTED NAME Dan Wakelee	MANAGER'S SIGNATURE 	DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE

THE HOME DEPOT 1012  
401 W VENTURA BLVD  
CAMARILLO, CA 93010 (805)389-9918

SALE 1012 00006 49491 09/25/09  
11 MEP4504 02:08 PM



008925076520 ROUTER BIT <A>	21.47
008925076506 ROUTER BIT <A>	19.97
492957 BC FIR PLY <A>	
9021.88	196.92
033287138371 1 1/2 ROUTER <A>	59.97
736223122518 ROOF EDGE <A>	
203.50	7.00
091111020025 3/4" CONDUIT <A>	
303.23	9.69
091111020018 1/2" CONDUIT <A>	
301.65	4.95
000346393156 15PC T-JIG <A>	19.97
078575173658 SS CLAMP <A>	
401.30	5.20
078575103075 SS CLMP 10PK <A>	8.60
6920000601097 CAULK GUN <A>	1.97
764666104716 1" FNDWLSW1# <A>	
305.94	17.82
022078450037 LIQ NAIL VOC <A>	
502.47	12.35
885911071604 JIG SAW KIT <A>	29.97
SUBTOTAL	415.85
SALES TAX	34.31
TOTAL	\$450.16
XXXXXXXXXXXX2911 MASTERCARD	450.16
AUTH CODE 061143/706720	TA



12 06 49491 09/25/2009 24.1

RETURN POLICY DEFINITIONS  
ICY ID DAYS POLICY EXI  
1 90 12/24/

HOME DEPOT RESERVES THE RIGHT  
/ DENY RETURNS. PLEASE SEE  
URN POLICY SIGN IN STORES FOR  
DETAILS.

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF  
LOWER PRICES STOREWIDE

THE HOME DEPOT 6662  
2745 TELLER RD. T.O., CA. 91320 (805)3756680  
FIRST IN HOME IMPROVEMENT

RETURN 6662 00024 36921 10/09/09  
22 CMF243 03:51 PM

\*\* REFUND \*\*

\* ORIG REC: 1012 006 49491 09/25/09 TA \*

008925076520 ROUTER BIT	-21.47
008925076506 ROUTER BIT	-19.97
091111020025 3/4" CONDUIT	
3.00000-9.69/3.0000	-9.69
091111020018 1/2" CONDUIT	
3.00000-4.95/3.0000	-4.95

SUBTOTAL -56.08

SALES TAX -4.65

TOTAL -\$60.73

XXXXXXXXXXXX2911 MASTERCARD -60.73  
INVOICE 3240137 TA

\*\* REFUND \*\*

CUSTOMER COPY

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF  
LOWER PRICES STOREWIDE

\*\*\*\*\*

ENTER FOR A CHANCE  
TO WIN A \$5,000  
HOME DEPOT GIFT  
CARD!

Share Your Opinion With Us! Complete  
the brief survey about your store visit  
and enter for a chance to win at:

www.homedepot.com/opinion

¡PARTICIPE EN UNA  
OPORTUNIDAD DE GANAR  
UNA TARJETA DE  
REGALO DE THD  
DE \$5,000!

¡Comparta Su Opinión! Complete la breve  
encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

www.homedepot.com/opinion

User ID:  
80793 74155

Password:  
9509 74131

Entries must be entered by 11/08/2009.  
Entrants must be 18 or older to enter.  
See complete rules on website. No  
purchase necessary.

450.16  
- 60.73

389.43

- 64.92

324.51

see

next

page

return  
from  
9/25/10



KSV

THE HOME DEPOT 1012

401 W VENTURA BLVD  
CAMARILLO, CA 93010 (805)389-0918

RETURN 1012 00016 30797 10/10/09  
22 JZH2F7 02:08 PM

\*\* REFUND \*\*

\* ORIG REC: 1012 006 49491 09/25/09 TA \*

033287138371 1 1/2 ROUTER -59.97

SALES TAX -4.95

TOTAL -\$64.92

XXXXXXXXXXXX2911 MASTERCARD -64.92

INVOICE 2160266 TA

\*\* REFUND \*\*

CUSTOMER COPY

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF  
LOWER PRICES STOREWIDE

\*\*\*\*\*

ENTER FOR A CHANCE  
TO WIN A \$5,000  
HOME DEPOT GIFT  
CARD!

Share Your Opinion With Us! Complete  
the brief survey about your store visit  
and enter for a chance to win at:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

¡PARTICIPE EN UNA  
OPORTUNIDAD DE GANAR  
UNA TARJETA DE  
REGALO DE THD  
DE \$5,000!

¡Comparta Su Opinión! Complete la breve  
encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

User ID:  
62895 61899

Password:  
9510 61883

Entries must be entered by 11/09/2009.  
Participants must be 18 or older to enter.  
See complete rules on website. No  
purchases required.

return  
← from  
9/25/09

KSV

THE HOME DEPOT 1012

401 W VENTURA BLVD  
CAMARILLO, CA 93010 (805)389-9918

1012 00006 68780 10/03/09  
SALE 11 CRR4032 03:51 PM



008925076582 ROUTER BIT <A>	17.97
754826200624 1X10 CLS200 <A>	
2@1.23	2.46
892130002050 1X6X10 DF/HF <A>	
3@5.57	16.71
SUBTOTAL	26.14
SALES TAX	3
TOTAL	\$40.20
CASH	41.00
CHANGE DUE	0.80



RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 01/01/2010

THE HOME DEPOT RESERVES THE RIGHT TO  
DENY RETURNS. PLEASE SEE THE  
POLICY SIGN IN STORES FOR  
DETAILS.

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF  
SALES ON THE SUPERLINE

**Clifford, Jerome**

**From:** BiJian Fan [bj@bijian.com]  
**Sent:** Tuesday, October 06, 2009 8:25 AM  
**To:** Clifford, Jerome  
**Subject:** Fw: Receipt for your PayPal payment to cheapbids4u

--- On Tue, 10/6/09, service@paypal.com <service@paypal.com> wrote:

From: service@paypal.com <service@paypal.com>  
 Subject: Receipt for your PayPal payment to cheapbids4u  
 To: "Bijian Fan" <BJ@bijian.com>  
 Date: Tuesday, October 6, 2009, 11:22 AM



Oct 6, 2009 08:22:10 PDT  
 Transaction ID: 19E44323PC847633V

Hello Bijian Fan,

You sent a payment of **\$69.17 USD** to cheapbids4u (cheapbids4u@hotmail.com)  
 Thanks for using PayPal. To see all the transaction details, log in to your PayPal account.

It may take a few moments for this transaction to appear in your account.

**Seller**  
 cheapbids4u  
 cheapbids4u@hotmail.com

**Note to seller**  
 You haven't included a note.

**Shipping address - confirmed**  
 Bijian Fan  
 2215 Stacy lane  
 Camarillo, CA 93012  
 United States

**Shipping details**  
 Standard Delivery

Description	Unit price	Qty	Amount
4 INFLATABLE DOLPHINS 40IN dolphin blow ups toys pool Item# 330359352386	\$9.99 USD	4	\$39.96 USD



Shipping and handling	\$29.21 USD
Insurance - not offered	----
<b>Total</b>	<b>\$69.17 USD</b>

<b>Payment</b>	<b>\$69.17 USD</b>
Charge will appear on your credit card statement as "PAYPAL *CHEAPBIDS4U"	
Payment sent to cheapbids4u@hotmail.com	

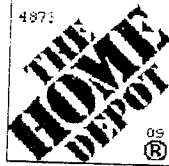
**Issues with this transaction?**

You have 45 days from the date of the transaction to open a dispute in the Resolution Center.

KSV

THE HOME DEPOT 6662  
2745 TELLER RD. T.O., CA. 91320 (805) 3756680  
FIRST IN HOME IMPROVEMENT

SALE 6662 00007 33709 10/09/09  
11 SAM572 04:17 PM



093552032100 ABS PIPE <A>	
204.03	8.06
030699211920 SCREWS <A>	
205.37	10.74
SUBTOTAL	18.80
SALES TAX	1.55
TOTAL	\$20.35
XXXXXXXXXXXX2911 MASTERCARD	20.35
AUTH CODE 081812/3070532	TA



6662 07 33709 10/09/2009 4873

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 01/07/2010

THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF  
LOWER PRICES STOREWIDE



KSR

MICHAEL'S BICYCLES  
2253 MICHAEL DR  
NEWBURY PARK CA. 91320  
(805)498-6633

Merchant ID: 8788360002632

Sale

4254 Exp: 10/08  
VISA Entry Method: Swiped  
Total: \$ 130.00  
10/15/09 19:50:04  
Inv#: 000011 Appr Code: 00229C  
Apprvd: Online Batch#: 000054

Customer Copy  
THANK YOU!  
PLEASE COME AGAIN!

Unicycle -

- \$65.00

only one  
used.

See attached  
report

KSR

KSR

THE HOME DEPOT 1012

401 W VENTURA BLVD  
CAMARILLO, CA 93010 (805)389-9918

SALE 1012 00057 25924 10/16/09  
14 SCOT57 02:09 PM

NO RETURNS WITHOUT THIS RECEIPT

HARBOR FREIGHT TOOLS  
STORE: 10 CAMARILLO, CA  
805 4791



Item	Qty	Price	Ext
66362 CASTOR RIG	2 *	1.99	3.98
Subtotal			3.98
SALES TAX			.33
=====			
Total Sale			4.31
CASH			5.00
Change due			.69

032888994584 1/2X60BLKPIP <A>	29.82
309.94	
032888405165 1/2GAL45DELB <A>	1.50
032888405387 1/2 GAL TEE <A>	1.31
032888007390 NIPPLE BLACK <A>	2.07
032888992887 1/2X12BLKNPL <A>	2.67
SUBTOTAL	37.37
SALES TAX	3.08
TOTAL	\$40.45
XXXXXXXXXXXX4254 VISA	40.45
AUTH CODE 00448C/6573812	TA

Ticket#607866 Cus#WALK-IN Oct 16 09  
Usr sg Rg# 3 Dr# 25 Time 04:47  
THANK YOU FOR SHOPPING  
HARBOR FREIGHT TOOLS



1012 57 25924 10/16/2009 9596

Sign up today for the Harbor Freight  
Tools MasterCard!

<http://www.harborfreightmastercard.com/>

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 01/14/2010

THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

GUARANTEED LOW PRICES

10/16/09 10/16/09

10/16/09 10/16/09

40.45  
- 8.17 (see return  
32.28 next page)

KSR

THE HOME DEPOT 6662  
2745 TELLER RD. T.O., CA. 91320 (805) 3756680  
FIRST IN HOME IMPROVEMENT

6662 00024 63495 10/25/09  
RETURN 22 EXM001 04:37 PM

**\*\* REFUND \*\***

\* ORIG REC: 1012 057 2592 10/16/09 TA \*

032888405387 1/2 GAL TEE	-1.31
032888992887 1/2X12BLKNPL	-2.67
032888007390 NIPPLE BLACK	-2.07
032888405165 1/2GAL45DELB	-1.50

SUBTOTAL	-7.55
SALES TAX	-0.62
TOTAL	-\$8.17
XXXXXXXXXXXX4254 VISA	-8.17
INVOICE 7241124	TA

**\*\* REFUND \*\***

**CUSTOMER COPY**

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF  
LOWER PRICES STOREWIDE

\*\*\*\*\*

**ENTER FOR A CHANCE  
TO WIN A \$5,000  
HOME DEPOT GIFT  
CARD!**

Share Your Opinion With Us! Complete  
the brief survey about your store visit  
and enter for a chance to win at:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

**¡PARTICIPE EN UNA  
OPORTUNIDAD DE GANAR  
UNA TARJETA DE  
REGALO DE THD  
DE \$5,000!**

¡Comparta Su Opinión! Complete la breve  
encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

User ID:  
133941 127303

Password:  
9525 127279

Entries must be entered by 11/24/2009.  
Entrants must be 18 or older to enter.  
See complete rules on website. No  
purchase necessary.

← return  
of  
10/16/09  
purchase

KSR

THE HOME DEPOT 1012  
401 W VENTURA BLVD  
CAMARILLO, CA 93010 (805)389-9918

1012 00057 27102 10/17/09  
SALE 14 SCOT57 12:29 PM



015082454184 035NR211MP <A>	9.47
035781018135 1/4" TAIL <A>	
205.19	10.38
725636400320 COB. 10" BFCWR <A>	8.97
725636400290 FLUXOGRNOZL <A>	3.97
045242187393 C" DIM SWZBL <A>	11.97
045242083084 TORCH BLADE <A>	15.97
SUBTOTAL	60.73
SALES TAX	5.01
TOTAL	\$65.74
XXXXXXXXXXXX1359 DEBIT	65.74
AUTH CODE 931052	



1012 57 27102 10/17/2009 2151

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A	1	90
		01/15/2010

THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF  
LOWER PRICES STOREWIDE





KSR



THANK YOU FOR SHOPPING AT  
B & B DO IT CENTER  
(805) 388-1067

ALL RETURNS MUST BE MADE WITHIN 30 DAYS  
OF PURCHASE. ORIGINAL RECEIPT REQUIRED  
10/18/09 9:16AM JANIE 573 SALE



55	8	EA	.12	EA	
HILLMAN FASTENERS					.96
55	8	EA	.16	EA	
HILLMAN FASTENERS					1.28
55	8	EA	.15	EA	
HILLMAN FASTENERS					1.20
55	4	EA	1.05	EA	
HILLMAN FASTENERS					4.20



SUB-TOTAL:	7.64	TAX:	.63
DISCOUNT:		TOTAL:	8.27
		BC AMT:	\$8.27

BK CARD#: XXXXXXXXXXXX4254  
ID: 000800095903  
AUTH: 06430C  
Host reference #:528401 Bat#361  
SWIPED  
CARD TYPE:VISA EXPR:XXXX



==>> JRNL#F28401  
CUST # \*5



THANK YOU JEROME CLIFFORD  
FOR YOUR PATRONAGE

Name: X



I agree to pay above total amount  
according to card issuer agreement  
(merchant agreement if credit voucher)  
Customer Copy

KSR

THANK YOU FOR SHOPPING AT  
B & B DO IT CENTER  
(805) 388-1067

ALL RETURNS MUST BE MADE WITHIN 30 DAYS  
OF PURCHASE. ORIGINAL RECEIPT REQUIRED  
10/18/09 9:22AM JOE L 572 SALE

424179	1	EA	10.79	EA *
1/2"X10' BLACK PIPE				10.79

SUB-TOTAL:	10.79	TAX:	.89
		TOTAL:	11.68
		BC AMT:	\$11.68

BK CARD#: XXXXXXXXXXXX4254  
ID: 000800095903  
AUTH: 02347C  
Host reference #:528407 Bat#361  
SWIPED  
CARD TYPE:VISA EXPR:XXXX



==>> JRNL#F28407  
CUST # \*5

<<==

THANK YOU JEROME CLIFFORD  
FOR YOUR PATRONAGE

Name: X

I agree to pay above total amount  
according to card issuer agreement  
(merchant agreement if credit voucher)  
Customer Copy

**Jerome R. Clifford**

Cal State University-Channel Islands, One University Drive, Camarillo, CA 93012

[Home](#) | [Personas](#) | [Relationships](#) | [Journal](#) | [Other](#) | [Defined Fields](#) | [Edit Header](#)**Basic Information**Final ☒Date 10/20/2009 ☐

Pledged Amount \$0.00

Received Amount \$140.00

Non-Deductible \$0.00

Fund Special Events ▼

Campaign KSR ▼

Approach Racer ▼

Letter (None Selected) ▼ ?

Receipt

Note

Entry Fee  
Kinetic Sculpture  
Race

**Gift Types \***

Credit Card

Credit Card Number \*\*\*\*\*4254

Credit Card has  
been processed via  
eTapestry Virtual  
Terminal

Expiration Date 07 | 2010

Name On Card Jerome R. Clifford

Credit Card Type (None Selected)

Authorization Code OK: 07029C:Z

Note

**Tribute, Soft Credit, Matching Gift Relationships****Tribute Information**No tribute selected. Select  
Clear**Soft Credit Information**Recipient No account selected. Select  
Clear

Amount

Note

**Matching Gift Relationships****Blackbaud**  
**MatchFinder**® Matching Gift Resources  
No Matching Gift Relationships**User Defined Fields**[Show All Fields](#) | [Hide Empty Fields](#) | [Show Details](#) | [Hide Details](#)☒ **System Defined Fields**

Data Source:

**Recognition Information**

Transaction Recognition Name

Transaction Recognition Type Use Donor Recognition Name

Default Name Jerome R. Clifford

**Attachment Information**Your Attachments License is not currently activated for your organization. [Click here for more information.](#)

KSR

THANK YOU FOR SHOPPING AT  
B & B DO IT CENTER  
(805) 388-1067

ALL RETURNS MUST BE MADE WITHIN 30 DAYS  
OF PURCHASE. ORIGINAL RECEIPT REQUIRED  
10/21/09 7:21AM PARVIS 572 SALE

424179 1 EA 10.79 EA \*  
1/2"X10' BLACK PIPE 10.79

SUB-TOTAL: 10.79 TAX: .89  
TOTAL: 11.68  
BC AMT: \$11.68

BK CARD#: XXXXXXXXXXXX4254  
ID: 000800095903  
AUTH: 09441C  
Host reference #:530320 Bat#363  
SWIPED  
CARD TYPE:VISA EXPR:XXXX



==> JRNL#F30320  
CUST # \*5

<<==

THANK YOU JEROME CLIFFORD  
FOR YOUR PATRONAGE

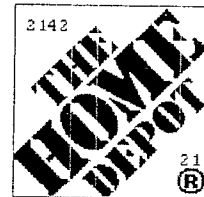
Name: X \_\_\_\_\_

I agree to pay above total amount  
according to card issuer agreement  
(merchant agreement if credit voucher)  
Customer Copy

KSR

THE HOME DEPOT 1012  
401 W VENTURA BLVD  
CAMARILLO, CA 93010 (805)389-9918

1012 00059 14353 10/21/09  
SALE 14 SCOT59 06:23 PM



*Welding  
wire*

015082454184 035NR211MP <A> 9.47  
SALES TAX 0.78  
TOTAL \$10.25  
XXXXXXXXXXXX4254 VISA 10.25  
AUTH CODE 02133C/1594795 TA



1012 59 14353 10/21/2009 2142

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 01/19/2010

THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

GUARANTEED LOW PRICES  
LOOK FOR THOUSANDS OF



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 <b>Jerome Clifford</b>		RESIDENCE ADDRESS 2215 Stacy Lane		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. x2798	DEPARTMENT 785 Physics
POSITION Lecturer		DATE PREPARED 5/19/10			
DEPARTURE DATE	DEPARTURE TIME (AM/PM)	RETURN DATE	RETURN TIME (AM/PM)	FORM PREPARED BY: Mary Devins	EXTENSION 3253
				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		
						N/A						0.00	195.00	\$195.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0	\$0.00	195.00	\$195.00

LESS AMOUNT PREVIOUSLY PAID BY CSUCI	AIR FARE	REGISTRATION	OTHER	0.00
--------------------------------------	----------	--------------	-------	------

LESS ANY OTHER ADJUSTMENTS	Comments:
----------------------------	-----------

Source of Funding: ( Please verify chartfields before submitting to AP )	AMOUNT DUE TRAVELER	\$195.00
--	---------------------	----------

Account	Fund	Dept	Program	Class	Project	Amount
660003	TK910	785				\$195.00
*606803						\$0.00

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim	Total Amount	\$195.00
---	--------------	----------

IRA funded activity, trip to New West Symphony Receipts, IRA Report and Proposal attached.	NORMAL WORK DAYS & HOURS
	PRIVATE VEHICLE LICENSE
	MILEAGE RATE CLAIMED 0.500 (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 Jerome Clifford	CLAIMANT'S SIGNATURE 	DATE 5/19/2010
MANAGER'S PRINTED NAME Dan Wakelee	MANAGER'S SIGNATURE 	DATE 5/20/10
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE



# RECEIPT

2100 E. Thousand Oaks Blvd., Suite D  
Thousand Oaks, CA 91362

FROM: Sandy Galin  
Director of Development  
sgalin@NewWestSymphony.org

REFERRAL: New West Symphony Ticket Order

CONCERT DATE
April 16, 2010

QTY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL
21 CSUCI Physics of Music student tickets	April 16, 2010	New West Symphony, Masterpiece Series concert #5, East Meets West, featuring George Gao, erhu April 16, 2010	21 CSUCI student tickets @ \$10 each;	\$235.00
1 faculty ticket			1 faculty ticket at \$25 each	
		Asking for reimbursement for \$195.00. See Report attached		Paid in Full 4/20/10: \$235