



<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 10/15/10**

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:**

**Perspectives on Disability and Civic Engagement:  
Educational Experiences and Life Stories**

Project Sponsor/Staff (Name/Phone): *Dr. Tiina Itkonen, 438-3294*

Activity/Event Date(s): *Early and Mid October 2009; February and March, 2010*

Date Funding Needed By: *October 15, 2009 (Fall event) and February 28, 2010 (Spring event)*

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

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

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

Previously Funded: ☒YES ☐NO      Yes, Request # TK 910 745 90117

Does your proposal require IRB (Institutional Review Board) approval: ☐Yes ☒XXXNo

Assessment submitted for previously Funded Activity: ☒XXXYES ☐NO

Academic Program or Center Name and Budget Code: *School of Education, 745*

Date of Submission: *March 14, 2009*

Amount Requested: \$1,800 for a total of 9 guest speakers across two semesters. (Fall, \$1,000 for 5 presenters and Spring \$800 for 4 presenters).

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

Estimated Number of Students Participating: 40-60

**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

N/A

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

*Will use the classroom assigned to me during class time.*

**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.

NA

**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).

NA

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

NA

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

NA

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

NA

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

NA

**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.

*This project is directly linked to all courses under the CSUCI value of diversity. The primary audience though are students in the School of Education (with about 450 undergraduate FTES and 250 post baccalaureate FTES). Diversity of ability is a California Commission on Teacher Credentialing standard which is enhanced through this project. The target programs include special education with its 2 credentials; multiple subject credential; single subject credential; educational leadership credential, and liberal studies and early childhood majors.*

*This project brings individuals with disabilities to our campus to talk to our undergraduate and teacher credential students about what it was like to go through school with a disability. The speakers are successful adults, having conquered the challenges of their disabilities, and either the non-supportive educational environments or uninvolved parents. For instance, the speakers in the past 5 semesters have included a young man with Down Syndrome who owns his own micro-enterprise business and his own home; a young man with autism who is successfully employed at an elementary school as a para-educator; a mother who was told that she should place her child in an institution but who fought the right for her child to be included in the community; a early childhood educator with a MA degree from CSUN who was told in high school that because of her learning disability, she is not college material and should bag groceries.*

*The aim of inviting guest speakers, who have disabilities themselves, is to emphasize the value of diversity. Individuals with disabilities are people first. We often talk about people with disabilities in the third person and as objects, versus placing them at the center of their dreams and aspirations. When CSUCI students have had opportunities to hear educational experiences and challenges directly from individuals with disabilities, they have been powerful and insightful, as reported by students both on SETEs and on event evaluation forms. Although this event has occurred for 5 semesters, CSUCI student feedback and evaluations consistently plead for this event to continue. As one evaluation comment stated about what was most interesting about the presentation: "To understand that everybody with or without any type of disabilities can be somebody in life. What it matters is to have the desire to do something and that we are our only obstacle—nothing else and nobody else."*

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.

Target classes: EDSS/SPED 560 (40-50 students in 2 sections); SPED 642 (15-20 students)

Invited classes (can attend for extra credit): EDUC 101, EDUC 520, EDMS 520, EDLP 605, SPED/PSYCH 345, SPED 541, SPED 542, SPED 543

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.**

*End-of-activity evaluations; SETEs*

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.
7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

Project Sponsor

Date

Program Chair/Director

Date

Dean

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	<u>Fall: 5 x \$200 = \$1,000</u>
	<u>Spring 4 x \$200 = \$800</u>
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	_____
TOTAL Expenses	<u>\$1,800</u>

2. Revenue

A. Course Fees	_____
B. Ticket Sales	_____
C. Out of Pocket Student Fees (exclusive of course fees)	_____
D. Additional Sources of funding (Please specify And indicate source)	_____
E. <b>Requested Allocation from IRA</b>	_____

Total Revenue \_\_\_\_\_

Instructional Related Activities  
Report Form

300

SPONSOR	DEPARTMENT
Tiina Itkonen, School of Education	School of Education
ACTIVITY TITLE	DATE (S) OF ACTIVITY
Perspectives on Disability	9/15 and 10/18

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. GUEST SPEAKERS WITH DISABILITIES, A MOTHER OF A PERSON WITH DOWN SYNDROME, AND TEACHERS WHO TEACH STUDENTS WITH DISABILITIES AND AT RISK STUDENTS PRESENTED TO CLASS EDSS/SPED 560.
2. THE TEACHER CREDENTIAL COURSE IS TITLED "ACCESS TO LEARNING" AND FOCUSES ON HOW TO TEACH A DIVERSE POPULATION OF STUDENTS, INCLUDING THOSE WITH DISABILITIES. COURSE CONTENT INCLUDES PERTINENT LEGISLATION, HOW TO CONSIDER PEOPLE WITH DISABILITIES AS PEOPLE FIRST, AND HOW TO MAKE CURRICULUM ACCESSIBLE TO DIVERSE LEARNERS. THE GUEST PRESENTERS ARE CRITICAL IN BRINGING THE REAL LIFE EXPERIENCE TO THE STUDENTS.
3. I WAS ONCE AGAIN REMINDED HOW IMPORTANT IT IS TO HAVE PEOPLE WITH DISABILITIES PRESENT ABOUT THEIR EDUCATION EXPERIENCES. WE OFTEN TALK ABOUT PEOPLE WITH DB BUT RARELY LISTEN TO THEIR STORIES. STUDENT EVALUATIONS INDICATED THAT THE GUEST SPEAKERS WERE THE HIGHLIGHT OF THE COURSE. ONE PERSON STATED, "I FOUND THE [THE PERSON WITH DOWN SYNDROME] TO BE THOROUGHLY INSPIRING. I AM EXCITED ABOUT BECOMING A TEACHER."

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

- student evaluations are on line and in my personnel file
- attendees were the students signed up for EDSS/SPED 560, 2 sections, a total of 48.

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





California State University Channel Islands  
Check Request Form

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

MAKE CHECK PAYABLE TO:

Name: Melinda Froelich

Address 1: PO Box 1357

Address 2:

City, State Zip: Camarillo, CA 93011

Amount: \$ 200.00

PeopleSoft Vendor ID: 5185

Note: New vendors must complete a Form 204

Check Instructions:

- ☒ Mail to payee  
☐ Pick up at Cashier - Ext  
☐ Mail attachments with check - include copies

Description to appear on reports (30 characters)

TYPE OF PAYMENT:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertising                   | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical         |
| <input type="checkbox"/> Art Model                     | <input type="checkbox"/> Membership/Dues             | <input type="checkbox"/> Tax Remittance*                 |
| <input type="checkbox"/> Bank Fee*                     | <input type="checkbox"/> Parking                     | <input type="checkbox"/> Utility/Telephone               |
| <input type="checkbox"/> Freight/Postage               | <input type="checkbox"/> Payroll                     |  |
| <input checked="" type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License              | <input checked="" type="checkbox"/> IRA Activity         |
| <input type="checkbox"/> Interpreting/Note taking      | <input type="checkbox"/> Registration/Conference     | <input type="checkbox"/> Other- <u>must</u> be explained |

\*Accounting Use Only

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

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

IRA Event: Perspectives on Disability which was held on October 15. Vendor already in the system. Offer letter, flyer, and IRA Proposal attached.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90258			\$200.00
Total						\$200.00

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

Requestor: Mary Devins x3253  
Printed Name & Extension

Signature

10/16/09  
Date

Approver: Dan Wakelee  
Printed Name & Extension

Signature

10/16/09  
Date

Approver:  
(If required) Printed Name & Extension

Signature

Date



Division of Academic Affairs

October 9, 2009

Dear Ms. Frolich and Ms. Hayden:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your educational experiences as team teaching teachers will be invaluable for my students who are future middle and high school teachers.

The presentation will take place on October 15.

We meet at Bell Tower West room 2684 at 7:30 pm. You will each receive an honorarium of \$200 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tiina Itkonen', written over a horizontal line.

Tiina Itkonen, PhD  
Assistant Professor of Education



# California State University Channel Islands

## Check Request Form

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

### MAKE CHECK PAYABLE TO:

Name: Rebecca Hayden

Address 1: 12426 Sunnyglen Drive

Address 2:

City, State Zip: Moorpark, CA 93021

Amount: \$ 200.00

PeopleSoft Vendor ID: 5230

Note: New vendors must complete a Form 204

### Check Instructions:

- ☒ Mail to payee  
☐ Pick up at Cashier - Ext  
☐ Mail attachments with check - include copies

Description to appear on reports (30 characters)

### TYPE OF PAYMENT:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertising                   | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical         |
| <input type="checkbox"/> Art Model                     | <input type="checkbox"/> Membership/Dues             | <input type="checkbox"/> Tax Remittance*                 |
| <input type="checkbox"/> Bank Fee*                     | <input type="checkbox"/> Parking                     | <input type="checkbox"/> Utility/Telephone               |
| <input type="checkbox"/> Freight/Postage               | <input type="checkbox"/> Payroll                     | <input checked="" type="checkbox"/> IRA Activity         |
| <input checked="" type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License              | <input type="checkbox"/> Other- <u>must</u> be explained |
| <input type="checkbox"/> Interpreting/Note taking      | <input type="checkbox"/> Registration/Conference     |  |

\*Accounting Use Only

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

### DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

IRA Event: Perspectives on Disability slated for October 15, 2009. Vendor already in the system. Offer letter, flyer, and IRA Proposal accompanying this check request.

### ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	745	90258			\$200.00
Total						\$200.00

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

Requestor: Mary Devins x3253  
Printed Name & Extension

Approver: Dan Wakelee  
Printed Name & Extension

Approver:  
(If required) Printed Name & Extension

Signature  
Signature

10/16/09  
Date  
10/16/09  
Date

Signature

Date



October 9, 2009

Dear Ms. Frolich and Ms. Hayden:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your educational experiences as team teaching teachers will be invaluable for my students who are future middle and high school teachers.

The presentation will take place on October 15.

We meet at Bell Tower West room 2684 at 7:30 pm. You will each receive an honorarium of \$200 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tiina Itkonen', with a stylized flourish at the end.

Tiina Itkonen, PhD  
Assistant Professor of Education

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# Perspectives on Disability: Educational Experiences and Life Stories

October 15 and 28, 2009 7:30 pm  
BTW 2864

Presenters:

Eileen Medina  
Matthew Medina  
Amber Harding

Mindy Frolich  
Becca Hayden  
Grace Martin



RSVP: Tiina Itkonen 437-3294  
Tiina.itkonen@csuci.edu



California State University Channel Islands  
Check Request Form

300

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

SUBJECT Accounting

MAKE CHECK PAYABLE TO:

Name: Taking Care of Business

Address 1: 4326 Calle Real #64

Address 2:

City, State Zip: Santa Barbara, CA 93101

Amount \$ 200.00

2009 OCT 20 P 1:27

PeopleSoft Vendor ID: 2900

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)

Honorarium - Matthew Medina

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.

IRA event: Perspectives on Disability guest speaker on October 28, 2009. Vendor already in system.  
See accompanying offer letter, IRA Proposal and flier.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

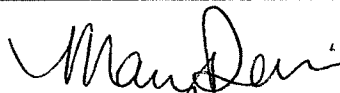
CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90258			\$200.00
Total						\$200.00

Requested

Mary Devins x3253


Printed Name & Extension

  
Signature

10/16/09  
Date

Approved by: Dan Wakelee, Associate Dean

Printed Name

  
Signature

Date

October 9, 2009

Dear Ms. Martin:

Thank you for agreeing to be a guest speaker in the series called "Perspectives on Disability." Your educational experiences as team teaching teachers will be invaluable for my students who are future middle and high school teachers.

The presentation will take place on October 28.  
We meet at Bell Tower West room 2684 at 4:30 pm. You will each receive an honorarium of \$200 to compensate for preparation, presentation, and travel time.

If you have any questions, please do not hesitate to contact me at 805-437-3294.

Sincerely,



Tiina Itkonen, PhD  
Assistant Professor of Education



# California State University Channel Islands

## Check Request Form

300

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

### MAKE CHECK PAYABLE TO:

Name: Grace Martin

Address 1: 2207 Avenida San Antero

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

City, State Zip: Camarillo, CA 93010

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)

Honorarium - Grace Martin

### 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.

IRA event: Perspectives on Disability guest speaker on October 15, 2009. New vendor. Form 204 is attached and was previously faxed to Procurement. Offer letter, flier, and IRA Proposal attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

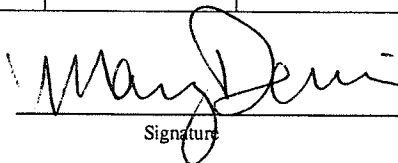
### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90258			\$200.00
Total						\$200.00

Requested

Mary Devins x3253

Printed Name & Extension

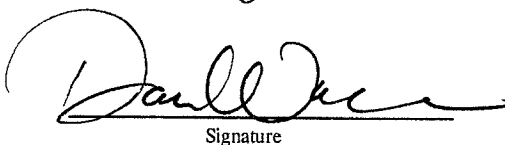
  
Signature

10/20/09

Date

Approved by: Dan Wakelee, Associate Dean

Printed Name

  
Signature

10/20/09

Date





# California State University Channel Islands Check Request Form

300

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

## MAKE CHECK PAYABLE TO:

Name: Taking Care of Business

PeopleSoft Vendor ID: 2900

Note: New vendors must complete a Form 204

Address 1: 4326 Calle Real #64

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

City, State Zip: Santa Barbara, CA 93101

### 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

Honorarium - Matthew Medina

## 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.

IRA event: Perspectives on Disability guest speaker on October 28, 2009. Vendor already in system.  
See accompanying offer letter, IRA Proposal and flier.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

## CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90258			\$200.00
Total						\$200.00

Requested

Mary Devins x3253

Printed Name & Extension

Mary Devins  
Signature

10/16/09  
Date

Approved by: Dan Wakelee, Associate Dean

Printed Name

Signature

Date



# California State University Channel Islands

## Check Request Form

300

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

### MAKE CHECK PAYABLE TO:

Name: Medina Supported Living

PeopleSoft Vendor ID: 2901

Note: New vendors must complete a Form 204

Address 1: 7610 Hollister Avenue #217

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

City, State Zip: Goleta, CA 93117

### 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

Honorarium - Eileen Medina

### 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) |
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| <input type="checkbox"/> CSU Overhead Costs                                | <input type="checkbox"/> Art Models           | <input type="checkbox"/> Prizes/Awards (Non-General Fund)     |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) |   | <input checked="" type="checkbox"/> IRA Activity              |

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Description and/or explanation of payment.

IRA event: Perspectives on Disability guest speaker on October 28, 2009. Vendor already in the system. Please see accompanying flyer, offer letter, and

☐ PLEASE SEND ATTACHED FORM WITH CHECK

### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90258			\$200.00
Total						\$200.00

Requested Mary Devins  
Printed Name & Extension

Mary Devins  
Signature

10/16/09  
Date

Approved by: Dan Wakelee, Associate Dean  
Printed Name

Dan Wakelee  
Signature

10/16/09  
Date



# California State University Channel Islands Check Request Form

300

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

## MAKE CHECK PAYABLE TO:

Name: Amber Hardy

Address 1: 5378 Dariesa Street

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

City, State Zip: Carpinteria, CA 93013

PeopleSoft Vendor ID: 2903

**Note: New vendors must complete a Form 204**

### Check will be:

☒ Mailed to the address at left

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

Description as it should appear on reports (30 characters)

Amount \$ 200.00

Honorarium - Amber Hardy

## 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.

IRA event: Perspectives on Disability guest speaker on October 28, 2009. Vendor already in the system. Please see accompanying IRA proposal, offer letter, and flier.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

## CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	745	90258			\$100.00
Total						\$100.00

Requested

Mary Devins

Printed Name & Extension

Mary Devins  
Signature

10/16/09  
Date

Approved by: Dan Wakelee, Associate Dean

Printed Name

Dan Wakelee  
Signature

10/16/09  
Date