

## **Application for Instructionally Related Activities Funds Request**

**Activity Title:** Professional Jazz Group Performance/Demonstration/Questionnaire

**Project Sponsor:** Dr. Paul R. Murphy/310-804-3581

**Event Dates:** Tuesday September 8<sup>th</sup>, Tuesday December 3<sup>rd</sup>, Tuesday February 9<sup>th</sup>, Tuesday May 4<sup>th</sup>

**Date Funding Needed By:** June 2009

**Any of following apply to IRA:** No

**Previously Funded:** Yes- Request # 765-00053

**Proposal require IRB:** No

**Assessment submitted:** Yes

**Academic Program and Budget code:** Performing Arts-Budget code-765-00053

**Date of Submission:** Monday March 9<sup>th</sup>, 2009

**Amount Requested:** \$ 3000

**Estimated number of students participating:** 300-400

1. **Brief Activity Description:** This is an event to benefit the students in the MUS 330, Jazz in America course and open to all other CSUCI students who would like to attend. For the last five years, I have been hiring professional jazz musicians and colleagues of mine to come in to perform for the students at CSUCI. This is an incredible opportunity for many students who normally don't listen to jazz to hear a live jazz performance on their own campus. I encourage the students to ask questions on the creative process of improvisation, the musician's background or anything else related to the event.
2. **Relation to IRA Program to Course Offerings:** This is related to the PAMU 330, Jazz in America course but the event is announced via flyers and global campus email to all CSUCI students, faculty and staff. I also announce this event to my two sections of PAMU 200 History of Rock and Roll classes, my PAMU 202 Beginning Group Guitar class and private students at CSUCI. I also send out invites to faculty in Performing Arts and encourage them to make their students aware of this opportunity.
3. **Activity Assessment:** As part of the student's assignments in the Jazz in America class they are required to attend one live jazz performance off campus and write a concert report of their experiences. This provides them a unique opportunity to hear live jazz before this assignment and ask questions to the musicians regarding their performance. This is an opportunity that cannot be duplicated at an off campus jazz event. In the SETE evaluations many students commented these are the most educational and beneficial class of the semester.

4. **Activity Budget:** The professional jazz musicians that I hire come from the Los Angeles area and are active members of the Los Angeles jazz music scene. To get the high level of musicians I would like to use I am requesting \$3000 for these four IRA events throughout the academic year. This is broken down to \$250 per musician per event. Considering these musicians are driving a long way and are here for several hours I consider this to be a very reasonable request.
5. **Sources of Activity Support:** There are no other sources of funding. The additional support for this activity includes Performing Arts chair Jacque Kilpatrick, faculty in the Performing Arts department and other instructors at CSUCI.
6. **Acknowledgement:**

Project Sponsor: Dr. Paul R. Murphy

Date:

Paul R. Murphy 3/07/09

Program Chair: Jacque Kilpatrick

Date:

Jacqueline Kilpatrick 3-9-09

Dean: Ashish Vaidya

Date:

Ash Vaidya 3/10/09

Instructional Related Activities  
Report Form

SPONSOR	DEPARTMENT
Dr. Paul R Murphy	Performing Arts
ACTIVITY TITLE	DATE (S) OF ACTIVITY
Jazz Demonstration	Wed. Feb 4 <sup>th</sup>

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

1. A professional jazz group was brought in to perform for the my two Jazz in America classes and other CSUCI students.
2. This gave the students insight into how a live jazz performance works and specific techniques used by jazz musicians.
3. I learned the value of this IRA performance. The students (and faculty) absolutely loved this rare opportunity to hear a live jazz performance in addition to specific demonstrations on each instrument. The students were also encouraged to ask any questions relating to this event.

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

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

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	_____
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	_____
 TOTAL Expenses	_____

NA

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	_____

NA

310

November 16<sup>th</sup>, 2009

Dear Mark Harris,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Thursday, April 29 from 1:30-4:15pm and an honorarium of \$250 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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

310

# **Special CSUCI music event Live Jazz/Rock Show**

**Featuring:**

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

**Ken Burgomaster-Keyboards**

**Mark Harris-Bass**

**Paul Kristan-Drums**

**Thursday, April 29<sup>th</sup> at Malibu Hall  
Room 120 for two special performances  
1:30-2:45pm and 3-4:15pm.**

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

Paul Kristan-5 Rose. Ave. Apt. 15 Venice, CA 90291

Cody Cassiero-PO Box 360813 LA, CA 90036

Ken Burgomaster-1601 Marine St. SM, CA 90405

Mark Harris-4754 La Villa Marina Unit H Marina Del Rey, CA 90292



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Jack Cook

PeopleSoft Vendor ID: 2070

Address 1: 4201 Topanga Canyon Blv #122

Note: New vendors must complete a Form 204

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

Check will be:

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

City, State Zip: Woodland Hills, CA 91364

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

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

\* To be used by payroll department only.

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

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

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

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature

1/12/10  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

1/12/10  
Date





California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Steve Marsh

PeopleSoft Vendor ID: 2070

Note: New vendors must complete a Form 204

Address 1: 11569 Iowa Ave

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

City, State Zip: Los Angeles, CA 90025

Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

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

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Description and/or explanation of payment.

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

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature

1/12/10  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

1/12/10  
Date



# California State University Channel Islands

## Check Request Form

310

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

**MAKE CHECK PAYABLE TO:**Name: Adrian RosenAddress 1: 5326 Tendilla Ave

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

City, State Zip: Woodland Hills, CA 91364Amount \$ \$250.00PeopleSoft Vendor ID: 2270

Note: New vendors must complete a Form 204

**Check will be:**

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

Description as it should appear on reports (30 characters)

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

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**Description and/or explanation of payment.**

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

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**CHARGE**

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & ExtensionMary Devins  
Signature1/12/10  
DateApproved by: Dan Wakelee  
Printed NameDan Wakelee  
Signature1/12/10  
Date



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Cody Casiero

PeopleSoft Vendor ID: 3752

Address 1: 626 S Cochran Ave #11

Note: New vendors must complete a Form 204

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

Check will be:

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

City, State Zip: Los Angeles, CA 90036

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee                                 | <input type="checkbox"/> Membership/Dues      | <input type="checkbox"/> Postage                              |
| <input type="checkbox"/> Advertising                                       | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund                               |
| <input type="checkbox"/> Freight/Shipping                                  | <input type="checkbox"/> Parking/Bank Fee     | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input type="checkbox"/> Honorarium/Speaker Fee(under 1K)                  | <input type="checkbox"/> Payroll Advance*     | <input type="checkbox"/> Subscription/Periodical              |
| <input type="checkbox"/> Interpreting/Notetaking Svc                       | <input type="checkbox"/> Permit/License Fee   | <input type="checkbox"/> Utilities                            |
| <input type="checkbox"/> PO Closed ***                                     | <input type="checkbox"/> Tax Remittance       | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm)        |
| <input type="checkbox"/> CSU Overhead Costs                                | <input type="checkbox"/> Art Models           | <input type="checkbox"/> Prizes/Awards (Non-General Fund)     |
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Description and/or explanation of payment.

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

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Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature  
1/4/10  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature  
1/4/10  
Date



# California State University Channel Islands

## Check Request Form

310

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

### MAKE CHECK PAYABLE TO:

Name: Kenneth Burgomaster

Address 1: 612 Pacific St #1

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

City, State Zip: Santa Monica, CA 90405

PeopleSoft Vendor ID: 3751

Note: New vendors must complete a Form 204

### Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

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

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

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Description and/or explanation of payment.

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

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### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature  
1/4/10  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature  
1/4/10  
Date



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Paul Kristan

Address 1: 2535 Beverly Ave #J

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

City, State Zip: Santa Monica, CA 90405

PeopleSoft Vendor ID: 3755

Note: New vendors must complete a Form 204

Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

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

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

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Description and/or explanation of payment.

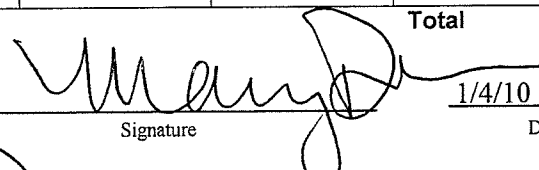
Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached.

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CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

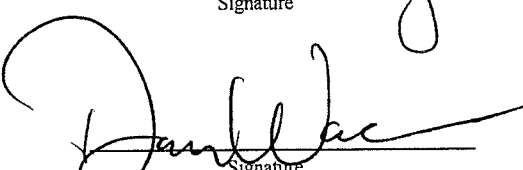
Requested Mary Devins x3253  
Printed Name & Extension

  
Signature

1/4/10

Date

Approved by: Dan Wakelee  
Printed Name

  
Signature

1/4/10

Date



# California State University Channel Islands

## Check Request Form

310

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

### MAKE CHECK PAYABLE TO:

Name: Kenneth Burgomaster

PeopleSoft Vendor ID: 3751

Note: New vendors must complete a Form 204

Address 1: 1601 Marine Street

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

City, State Zip: Santa Monica, CA 90405

### Check will be:

☐ Mailed to the address at left

☒ Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

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

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

Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. Date of performance: 4/29/10.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested

Mary Devins x3253

Printed Name & Extension

Signature

4/16/10

Date

Approved by:

Dan Wakelee

Printed Name

Signature

Date



April 7, 2010

Dear Kenneth Burgomaster,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Thursday, April 29 from 1:30-4:15pm and an honorarium of \$250 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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



# California State University Channel Islands

## Check Request Form

310

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

### MAKE CHECK PAYABLE TO:

Name: Paul Kristan

PeopleSoft Vendor ID: 3755

Note: New vendors must complete a Form 204

Address 1: 5 Rose Ave Apt 15

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

City, State Zip: Venice, CA 90291

### Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

Kristan 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              |
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| <input type="checkbox"/> CSU Overhead Costs                                | <input type="checkbox"/> Art Models           | <input type="checkbox"/> Prizes/Awards (Non-General Fund)     |
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Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. Date of performance 4/29/10.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

### CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature

4/16/10  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

4/19/10  
Date





3/0

Division of Academic Affairs

April 7, 2010

Dear Paul Kristan,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Thursday, April 29 from 1:30-4:15pm and an honorarium of \$250 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Mark Harris

PeopleSoft Vendor ID: \_\_\_\_\_

Note: New vendors must complete a Form 204

Address 1: 4754 La Villa Marina Unit H

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

City, State Zip: Marina del Rey, CA 90292

Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

Harris 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.

Professional Jazz Ensemble, an IRA sponsored activity. New Vendor, 204 attached and previously faxed to Procurement. IRA Proposal and flyer attached. Date of performance 4/29/10.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature  
4/16/10  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature  
4/19/10  
Date



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Kenneth Burgomaster

PeopleSoft Vendor ID: 3751

Note: New vendors must complete a Form 204

Address 1: 1601 Marine Street

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

City, State Zip: Santa Monica, CA 90405

Check will be:

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

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

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

\* To be used by payroll department only.

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

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

Description and/or explanation of payment.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. Date of performance: 4/29/10.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested

Mary Devins x3253

Printed Name & Extension

Mary Devins  
Signature

4/16/10

Date

Approved by:

Dan Wakelee

Printed Name

Dan Wakelee  
Signature

4/19/10  
Date



310

Division of Academic Affairs

April 7, 2010

Dear Kenneth Burgomaster,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Thursday, April 29 from 1:30-4:15pm and an honorarium of \$250 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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

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Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Paul Kristan

Address 1: 5 Rose Ave Apt 15

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

City, State Zip: Venice, CA 90291

PeopleSoft Vendor ID: 3755

Note: New vendors must complete a Form 204

Check will be:

☐ Mailed to the address at left

☒ Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)

Amount \$ \$250.00

Kristan 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.

Professional Jazz Ensemble, an IRA sponsored activity. Vendor already in data base. IRA Proposal and flyer attached. Date of performance 4/29/10.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested

Mary Devins x3253

Printed Name & Extension

Mary Devins  
Signature

4/16/10

Date

Approved by:

Dan Wakelee

Printed Name

Dan Wakelee  
Signature

4/19/10  
Date

April 7, 2010

Dear Paul Kristan,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Thursday, April 29 from 1:30-4:15pm and an honorarium of \$250 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Mark Harris

Address 1: 4754 La Villa Marina Unit H

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

City, State Zip: Marina del Rey, CA 90292

Amount \$ \$250.00

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 3253

Description as it should appear on reports (30 characters)

Harris 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.

Professional Jazz Ensemble, an IRA sponsored activity. New Vendor, 204 attached and previously faxed to Procurement. IRA Proposal and flyer attached. Date of performance 4/29/10.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	765	90265			\$250.00
Total						\$250.00

Requested Mary Devins x3253  
Printed Name & Extension

Mary Devins  
Signature

4/16/10  
Date

Approved by: Dan Wakelee  
Printed Name

Dan Wakelee  
Signature

4/19/10  
Date

310



Division of Academic Affairs

November 16<sup>th</sup>, 2009

Dear Mark Harris,

I would like you to invite you to perform with a jazz quartet for our university community at CSU Channel Islands for an IRA award event. The time of the event is Thursday, April 29 from 1:30-4:15pm and an honorarium of \$250 will be offered to you for your services. There will be students from our Performing Arts department as well as other disciplinary courses. Please let me know if you are available.

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

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Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus



310

**Instructional Related Activities  
Report Form**

SPONSOR	DEPARTMENT
Dr. Paul R Murphy	Performing Arts
ACTIVITY TITLE	DATE (S) OF ACTIVITY
Jazz Performance/Demonstration	Tuesday, February 2nd, 2010

**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) This is a live jazz performance/demonstration for my PAMU 330 Jazz In America course. Students also attended from my PAMU 200 History of Rock course and my PAMU 202 Group Guitar class as well as other students and some faculty members.
- 2) This related to the course because this is a jazz performance that familiarizes the students with specific techniques used in jazz and ~~as~~ prepares them for their jazz concert report due later in the semester.
- 3) I've learned that the students really appreciate this IRA funded event and always comment in the SETE evaluations how much they appreciate professional jazz musicians performing for the class.

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

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

**What do you get when you mix  
Jazz, Funk, Rock, Hip-Hop  
and a live band with a DJ??????**

**Come find out Tuesday, December 1<sup>st</sup> in  
Malibu Hall Room 120 for two special  
performances from 1:30-2:45pm and  
from 3-4:15pm.**

**A Rare CSUCI event**

**A Live Performance/Demonstration**

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



California State University Channel Islands  
Check Request Form

310

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

MAKE CHECK PAYABLE TO:

Name: Steve Marsh

Address 1: on file

Address 2:

City, State Zip:

Amount: \$ 200.00

PeopleSoft Vendor ID: 4369

Note: New vendors must complete a Form 204

Check Instructions:

- ☐ Mail to payee  
☒ \* Pick up at Cashier - Ext 3253  
☐ Mail attachments with check - include copies

Description to appear on reports (30 characters)

Marsh Honorarium

\*Check will only be held for 48 hours after notification before being mailed out.

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:

Honorarium for Steve Marsh guest speaker/musician for Physics of Music, an IRA sponsored activity. Offer letter attached. Vendor already in database. IRA proposal attached.

Event Date 3/17/10.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	785	90260			\$200.00
Total						\$200.00

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

Requestor: Mary Devins  
Printed Name & Extension

Signature

2/15/10  
Date

Approver: Dan Wakelee  
Printed Name & Extension

Signature

Date

Approver:  
(If required) Printed Name & Extension

Signature

Date



February 15, 2010

Mr. Steve Marsh  
11569 Iowa Ave  
Los Angeles, CA 90025

Dear Steve,

This is a formal invitation to confirm our earlier e-mails. I would like to invite you to participate as a guest speaker at CSU Channel Islands for the Physics of Music course (PAMU/PHYS 335 Spring 2010) on Wednesday, March 17<sup>th</sup>. You will be discussing various horn and flute instruments. Please bring whatever instruments you wish to demonstrate. Last year's presentation was great for our class of 25 students with a broad background of interests. An honorarium of \$200 is offered.

The class again meets in Aliso Hall room 133 but from 10 to 11:50 AM, and I have scheduled your presentation/performance from 11 to 11:50 AM. As you enter campus proceed straight to a stop sign. Turn right at the stop and follow the road until it ends at the Aliso Hall parking lot A4. Please park in lot A4. We will have a parking permit for your visit. I am attaching a link to our campus map <http://www.csuci.edu/about/map/images/csuci-campus-map-2007-0725-original.gif>.

If you have any questions, please call me at my office 805-437-2798.

We look forward to your visit.

Best regards,

Jerry Clifford, PhD  
Physics & Astronomy  
California State University, Channel Islands