



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

**Application**  
**Instructionally Related Activities Funds Request**  
**2010-2011 Academic Year**  
**DEADLINE: Fall and Academic Year 3/31/10**  
**Spring TBD**

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: NOCHE DE FIESTA FEATURING CALÉ**

Project Sponsor/Staff (Name/Phone): **Sandra Kornuc, 437-2697 and Stephen Clark (437-3317)**

Activity/Event Date(s):

Date Funding Needed By:

**\*\*Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2010 and for Spring Requests early January 2011.**

**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"/> 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  |
| <input type="checkbox"/> Space/OPC Requirements |   |
| <input type="checkbox"/> Infrastructure/Remodel |   |
| <input type="checkbox"/> Other _____            |   |

Previously Funded: YES NO Yes, Request # 355

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:

Date of Submission: **11-1-10**

Amount Requested: **\$3,500**  
 (Should match item 2. E. on page 4)

Estimated Number of Students Participating: **200 students**

**Application**  
**Instructionally Related Activities Funds Request**  
**2010-2011 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** - 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  
2010-2011 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.

**NOCHE DE FIESTA** featuring: **CALÉ**

*The Spanish Program would like to bring **Calé** to perform on campus during our **Sixth Annual Noche de Fiesta** Celebration. This popular Los Angeles-based group plays a festive blend of Flamenco and Latin American rhythms with vibrant touches of pop/rock/funk. Calé's fusion of traditional Spanish and Latin music with modern beats has won many fans in Southern California. The group has been making their name on the local club circuit since 2004 with musicians from Spain, the United States, and Israel. Since then, Calé has released two CD's, "Noches de Mala Vida" and "Vente Conmigo." See attached photos of the band. In addition, the poster of our last NOCHE DE FIESTA is attached. We would like to note that CSUCI student attendance to this free event has consistently increased over the past five years, from around 90 students to over 220 students last Spring Semester.*

This function, performed in Spanish with English explanations of songs, will foster students' listening skills. Students will be assigned to write their own review of the event in Spanish (which will increase students' writing skills) and demonstrate a reasonable understanding of the ways of thinking, behavioral practices and the cultural products reflected in this kind of music.

This activity directly addresses two of the fundamental pillars of the University Mission Statement by fostering international and multicultural awareness and understanding as we provide opportunities for CSUCI students to be exposed to other countries' manifestations of popular culture through music.

The Spanish program asserts that this presentation would meet the Spanish program's student learning outcomes, which are:

- *Demonstrate a reasonable understanding of the ways of thinking (ideas, beliefs, attitudes, values, philosophies) of the Spanish-speaking world.*
- *Demonstrate a reasonable understanding of the behavioral practices (patterns of social interactions), and the cultural products (for example, art, history, literature, music) of the Spanish-speaking world.*

- *To foster students' Spanish language acquisition in all four language skills (speaking, listening, reading, and writing).*

Students in the Spanish courses mentioned below will be assigned to write a review of the performance in Spanish. In addition, all other Spanish courses will have the opportunity to earn extra-credit by attending and writing a brief summary of this activity.

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.

*Spanish 201 (Intermediate Spanish I, Spanish 202 (Intermediate Spanish II) and Spanish 302 (Advanced Spanish, Part II) will integrate this function into its curriculum through the theme of Latin American music to be covered in class. All other Spanish courses will be encouraged to participate*

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.**

*All students who attend this performance will receive an assessment questionnaire regarding the usefulness of the activity and how they have benefited from it. In addition, students in the Spanish program will write a personal review in which they have to demonstrate an understanding of the cultural topics manifested in the performance. These pieces can be used as assessment instruments to determine the attainment of educational goals.*

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)



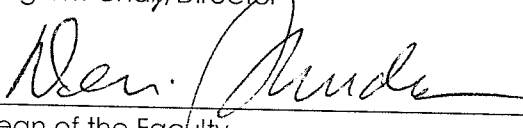
|                                    |                 |
|------------------------------------|-----------------|
| A. Musical Performance.....        | \$ 2,000        |
| B. Sound system and engineer ..... | \$ 600          |
| C. Set up/decoration .....         | \$ 650          |
| D. Advertisement .....             | \$ 250          |
| <b>E. TOTAL .....</b>              | <b>\$ 3,500</b> |

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

*The Spanish Club and the Spanish Program will provide funding for food and refreshments.*

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

|   |          |
|---|----------|
|  | 10-28-10 |
| Project Sponsor   | Date     |
|  | 10-28-10 |
| Program Chair/Director  | Date     |
|  | 11/3/10  |
| Dean of the Faculty   | Date     |

**Application**  
**Instructionally Related Activities Funds Request**  
**2010-2011 Academic Year**

ACTIVITY BUDGET FOR 2010-2011

I. Operating Expense Budget

|                                    |         |
|------------------------------------|---------|
| A. Supplies                        |         |
| B. Vendor Printing                 |         |
| C. In-State Travel                 |         |
| D. Out-of-State Travel             |         |
| E. Equipment Rental (sound system) | \$650   |
| F. Equipment Purchase              |         |
| G. Contracts (set up/decoration)   | \$600   |
| H. Honorarium                      | \$2,000 |
| I. OPC Chargeback                  |         |
| J. Copier Chargeback               |         |
| K. Other (Advertisement)           | \$250   |

TOTAL Expenses \$3,500

2. Revenue

A. Course Fees \_\_\_\_\_

B. Ticket Sales \_\_\_\_\_

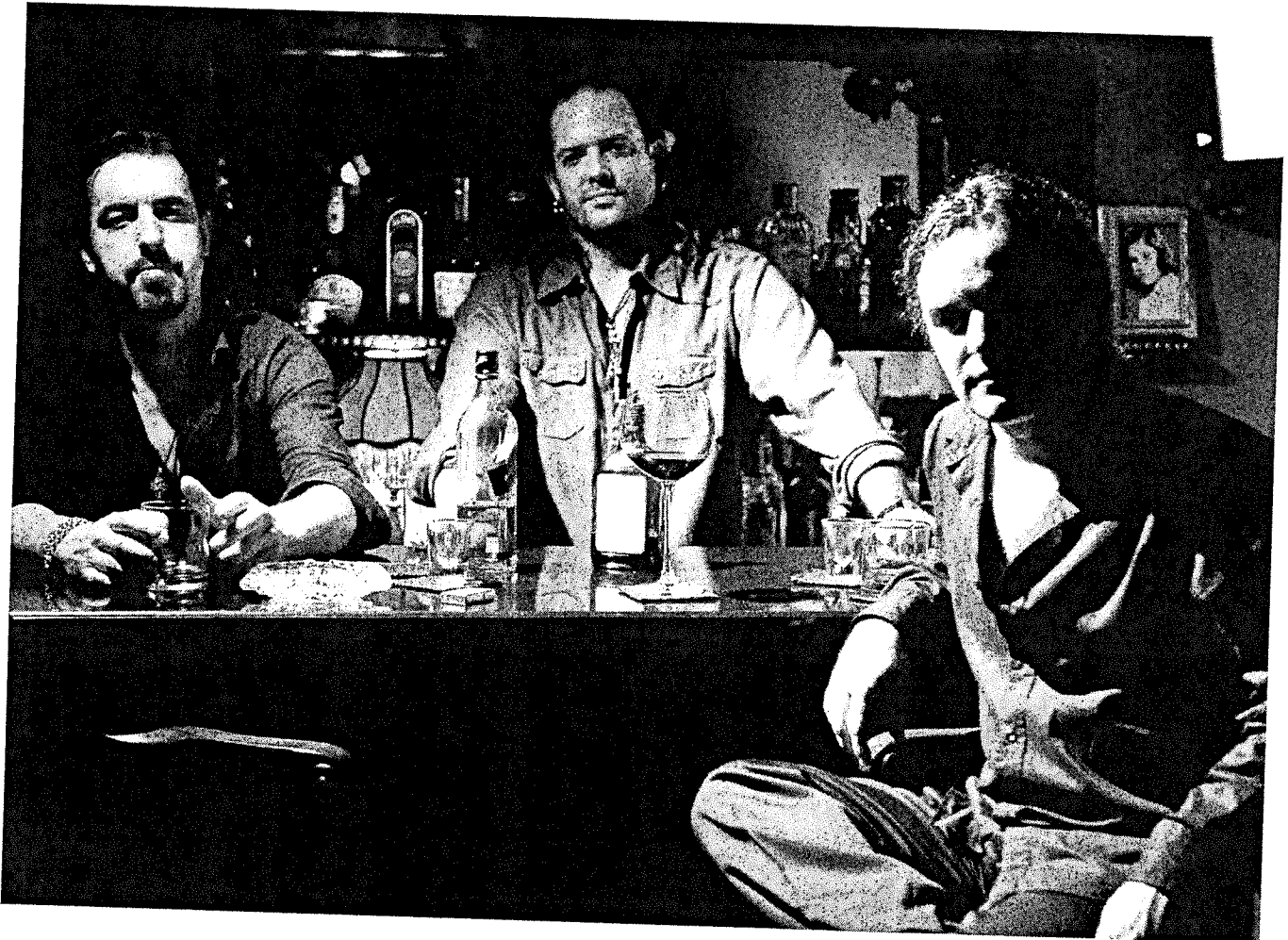
C. Out of Pocket Student Fees  
(exclusive of course fees) \_\_\_\_\_

D. Additional Sources of  
funding \_\_\_\_\_

(Please specify  
And indicate source) \_\_\_\_\_

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

E. Total Requested from IRA \$3,500







**PARTY PLEASERS**

2291 PICKWICK DR. UNIT A  
 CAMARILLO, CA 93010  
 www.partypleasers.com

805-482-0339 phone  
 805-388-8808 fax

**Status: Closed**

Invoice #: 475303-6  
 Invoice Date: 4/07/2011  
 Event Beg: Wed 4/ 6/2011 9:00AM  
 Event End: Thu 4/ 7/2011 6:00PM  
 Operator: 6 ELLIOTT, SHAWNA  
 Terms: On Account

Customer# 60057  
 CAL STATE DEANS EVENTS  
 805 437-8548 FAX 437-8554  
 1 UNIVERSITY DR  
 MALIBU HALL #130  
 CAMARILLO, CA 93010

Contract Info:

PO #: 0000010465

| Qty | Key      | Items Rented                | Part# | Status   | Event End Date  | Price    |
|-----|----------|-----------------------------|-------|----------|-----------------|----------|
| 2   | .LIGSTD  | LIGHT, TREE STAND           |       | Returned | 4/7/2011 3:40PM | \$45.00  |
| 12  | .LIPAR38 | LIGHT, PAR 38 - 120WT BLACK |       | Returned | 4/7/2011 3:40PM | \$270.00 |
| 12  | .MR      | GELS FOR TREE LIGHT         |       | Returned | 4/7/2011 3:40PM | \$0.00   |
|     |          | 4-RED 4-GREEN 4-AMBER       |       |          |                 |          |

| Qty | Key       | Items Sold                 | Part# | Status | Each    | Price   |
|-----|-----------|----------------------------|-------|--------|---------|---------|
| 1   | .DELCSUCI | DELIVERY/PICKUP CSUCI ONLY |       | Sold   | \$35.00 | \$35.00 |

APPROVED FOR PAYMENT - ACCOUNTING DEPT.  
 BY [Signature]  
 DATE 4/7/11  
 ACCT 60057  
 CONTRACT/PO 10465  
 PARTIAL PAYMENT  
 PAYMENT IN FULL \$410.38

**DELIVERY AND PICKUP**

Delivery Date: Wed 4/6/11 8:39 AM  
 Pickup Date: Thu 4/7/11 6:00 PM  
 Address: 1 UNIVERSITY DR ; CAMARILLO, CA 93010

Contact:  
 Phone: -

DELIVER ANYTIME BEFORE 2:00PM

PICK UP IN AM BEFORE 12:00 NOON !!!!!

ORDER PLACED BY MERISSA STITH

**Please pay from this invoice.**

**RENTAL CONTRACT**

Cancellation Policy: for full refund on cancellation, customer must notify Party Pleasers five days in advance. 50% of total rental will be charged if less than 5 days.

Rental equipment returned late will be subject to an additional charge.  
 To report any shortages or problems with order after delivery, you must call out office immediately. In failing to do so, you may be responsible to pay all charges due for rental period.

Customer is responsible for securing all loads during customer transportation.  
 As part of the consideration for renting said equipment to me, I guarantee that the above information is correct and also agree to return equipment to Party Pleasers in as good of condition as received, or will pay for any clean up, or damages sustained while in my care not covered within the equipment protection plan.

If I do not understand, or forget the safety operating instructions I have been given, or if the equipment fails, I will not attempt to operate or repair it. I will discontinue use and notify Party Pleasers immediately.  
 I have read, discussed, understand and agree to the terms and conditions printed on both sides of this agreement and agreed thereto. Signed personally and for the customer:

SIGNATURE:

CAL STATE DEANS EVENTS

[Signature]

|                        |                 |
|------------------------|-----------------|
| Rental w/ 10% Disc:    | \$315.00        |
| EPP:                   | \$31.50         |
| Sales:                 | \$35.00         |
| Delivery Charge:       | \$0.00          |
| Misc. Charges:         | \$0.00          |
| <b>Subtotal:</b>       | <b>\$381.50</b> |
| SALES TAX-VENTURA CO.: | \$28.88         |
| <b>TOTAL:</b>          | <b>\$410.38</b> |
| PAID:                  | \$0.00          |
| <b>AMOUNT DUE:</b>     | <b>\$410.38</b> |



391

# 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: Kristelle Monterrosa \_\_\_\_\_

Address 1: 1380 Preston Way \_\_\_\_\_

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

City, State Zip: Los Angeles, CA 90291 \_\_\_\_\_

Amount: \$ 500.00 \_\_\_\_\_

PeopleSoft Vendor ID: \_\_\_\_\_  
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)  
Monterrosa 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"/> 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- <b>must</b> be explained |

\*Accounting Use Only    \*\*Hampton Inn/Country Inn/Courtyard Marriott

### DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

\$500 honorarium for Flamenco dancer for Noche de Fiesta, an IRA sponsored event. Payee Data Form attached and previously faxed to Procurement. Offer letter and IRA proposal attached. Performer was promised check on day of the performance, per Sandra Kornuc.

### ACCOUNTING & APPROVAL:

| Account      | Fund  | Dept ID* | Program | Class | Project/Grant** | Amount   |
|--------------|-------|----------|---------|-------|-----------------|----------|
| 613802       | TK910 | 768      | 90329   |       |                 | \$500.00 |
| <b>Total</b> |       |          |         |       |                 | \$500.00 |

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

Requestor: Mary Devins x 3253  
Printed Name & Extension

*Mary Devins*  
Signature

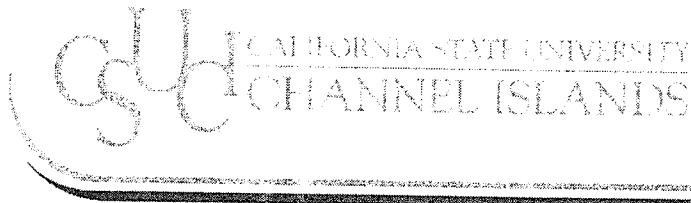
3/23/11  
Date

Approver: Dan Wakelee  
Printed Name & Extension

*Dan Wakelee*  
Signature

\_\_\_\_\_  
Date

Approver: \_\_\_\_\_



Camarillo, March 18th, 2011.

Kristelle Monterrosa  
1532 6<sup>th</sup> Street, #410  
Santa Monica, CA 90401

Dear Kristelle,

We are pleased that you have agreed to come to our campus to perform flamenco dancing during our annual NOCHE DE FIESTA celebration. Our event (dinner/concert) will be held on Wednesday, April 6<sup>st</sup>, 2011 at Malibu Hall 100. The performance, which includes yourself, an additional dancer, and a guitarist, comprises a 20 minute show plus a 15 minute mini-workshop. The agreed joint performance fee is \$500. The event (dinner) starts at 6:30 pm and the musical performance starts at 7pm. There will be complimentary meals available for you at 6 pm. Other details will be discussed later. Please let me know if you have any questions or need anything further.

Sincerely,

Sandra Kornuc, Ph.D.  
Spanish Program  
California State University Channel Islands  
One University Drive, BT 1524  
Camarillo, California 93012  
Tel. 805-437-2697  
e-mail: [sandra.kornuc@csuci.edu](mailto:sandra.kornuc@csuci.edu)

EL CLUB DE ESPAÑOL PRESENTS THE 5TH ANNUAL

# NOCHE DE FIESTA!



## CONJUNTO HUEYAPAN

BROUGHT TO YOU BY INSTRUCTIONALLY RELATED  
ACTIVITIES (IRA) AND EL CLUB DE ESPAÑOL.

**THIS EVENT IS FREE**

PUBLIC WELCOME, \$6 PARKING PERMIT

FOR MORE INFORMATION ABOUT THIS EVENT  
PLEASE CONTACT:

SANDRA KORNUC AT 437-2697 OR  
CISPANISHCLUB@YAHOO.COM



Channel Islands  
CALIFORNIA STATE UNIVERSITY

**WEDNESDAY,  
APRIL 21ST  
MALIBU HALL 100  
6:30 TO 9:00PM**

NOCHE DE FIESTA IS MARKING ITS FIFTH ANNIVERSARY!  
COME CELEBRATE THE DIVERSITY OF  
THE HISPANIC CULTURES AS WE FEATURE  
**CONJUNTO HUEYAPAN** AND **IXYA HERRERA**,  
A POPULAR VENTURA COUNTY-BASED  
FAMILY ENSEMBLE THAT HAS DEDICATED ITSELF  
TO THE PERFORMANCE OF  
TRADITIONAL MEXICAN MUSIC.

ALSO SAMPLE OUR LATIN AMERICAN  
FOOD SELECTIONS BEFORE THE CONCERT.



**IXYA HERRERA**





# CALE

1463 W 24<sup>th</sup> st. , Los Angeles, CA 90007

Telephone: (323) 6338103 - E-mail: jose@calemusic.com

## Calé Performance Agreement

Today's Date : January 26, 2011

Event Date: April 6, 2011

Client: Ilene Soto

Phone:

E-mail : mary.devins816@csuci.edu

Event: Noche de Fiesta

Event Location: Cal State Channel Islands, Camarillo

Performance Time : 1.5 hours

Performance Fee: \$ 1500 (5 piece band)

Deposit: \$500

The balance of \$1000 will be due on April 6, 2011

This contract shall be rendered void unless a signed copy of this agreement is received by 2/26/11. Cale shall act as the band for the above-described event. The client is responsible for the full contract value unless written notice of cancellation is received thirty (30) days prior to the event. The deposit is non-refundable. Client accepts liability for the conduct of all persons at the event and agrees to hold the Cale harmless for any property damage or injury incurred by any person at the event. Fax copy shall serve as the original. The musicians will arrive forty five (45) minutes before the performance time for set up and sound check.

Please make all checks payable to Jose Prieto.

Clients Signature (s) \_\_\_\_\_ Date: \_\_\_\_\_

Camarillo, March 11th, 2011.

Ivan Castro  
Ecuasound Productions  
1540 N Highland Ave, #107  
Hollywood, CA 90028  
[ecuasound@sbcglobal.net](mailto:ecuasound@sbcglobal.net)  
Tel. 310-666-7125

Dear Ivan,

We are pleased that you have agreed to come to our campus to provide the sound system for the band Cale during our annual NOCHE DE FIESTA celebration. This event, which starts at 7:00pm, will be held on Wednesday, April 6<sup>st</sup>, 2011 at Malibu Hall 100, California State University Channel Islands. The agreed fee is \$550. Other details will be discussed later. Please let me know if you have any questions or need anything further.

Sincerely,

Sandra Kornuc, Ph.D.  
Spanish Program  
California State University Channel Islands  
One University Drive, BT 1524  
Camarillo, California 93012  
Tel. 805-437-2697  
e-mail: [sandra.kornuc@csuci.edu](mailto:sandra.kornuc@csuci.edu)



391

Camarillo, March 11th, 2011.

Ivan Castro  
Ecuasound Productions  
1540 N Highland Ave, #107  
Hollywood, CA 90028  
[ecuasound@sbcglobal.net](mailto:ecuasound@sbcglobal.net)  
Tel. 310-666-7125

APPROVED FOR PAYMENT  
BY [Signature]  
DATE \_\_\_\_\_  
ACCT \_\_\_\_\_  
CONTRACT/PO \_\_\_\_\_  
 PARTIAL PAYMENT  
 PAYMENT IN FULL \$550 on 4/6/11

Dear Ivan,

We are pleased that you have agreed to come to our campus to provide the sound system for the band Cale during our annual NOCHE DE FIESTA celebration. This event, which starts at 7:00pm, will be held on Wednesday, April 6<sup>th</sup>, 2011 at Malibu Hall 100, California State University Channel Islands. The agreed fee is \$550. Other details will be discussed later. Please let me know if you have any questions or need anything further.

Sincerely,

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Camarillo, California 93012  
Tel. 805-437-2697  
e-mail: [sandra.kornuc@csuci.edu](mailto:sandra.kornuc@csuci.edu)



391

# BUSINESS EXPENSE REIMBURSEMENT (BER)

Must be submitted within 30 days of the receipt date

Channel Islands  
CALIFORNIA STATE UNIVERSITY

Employee  Student

|   |   |   |
|---|---|---|
| CLAIMANT'S NAME<br><b>Sandra Kornuc</b> | RESIDENCE ADDRESS<br>4304 Avenida de la Encinal | CITY/STATE/ZIP CODE<br>Malibu, CA 90265 |
|---|---|---|

|   |   |                               |                           |                      |                          |
|---|---|-------------------------------|---------------------------|----------------------|--------------------------|
| LEADER/ARTIST'S ADDRESS<br>One University Drive | LEADER/ARTIST'S CITY/STATE/ZIP<br>Camarillo, CA 93012 | CLAIMANT'S PHONE NO.<br>x2697 | DEPARTMENT<br>Spanish 768 | POSITION<br>Lecturer | DATE PREPARED<br>4/14/11 |
|---|---|-------------------------------|---------------------------|----------------------|--------------------------|

|  |  |                          |  |
|--|--|--------------------------|--|
| FORM PREPARED BY<br><b>Mary Devins</b> |  | EXTENSION<br><b>3253</b> | DELIVERY OPTIONS<br>SELECT ONE:<br>Mail Check <input checked="" type="checkbox"/><br>Pickup Check <input type="checkbox"/> |
|--|--|--------------------------|--|

### BUSINESS EXPENSES ONLY

| DATE   | VENDOR         | PURCHASE DESCRIPTION                | WAS SALES TAX PAID? | BUSINESS EXPENSE | PRIVATE CAR USE |        | TOTAL EXPENSES FOR DAY |
|--------|----------------|-------------------------------------|---------------------|------------------|-----------------|--------|------------------------|
|        |                |                                     |                     |                  | MILES           | AMOUNT |                        |
| 4/5/11 | Party City     | Decorations for Noche de Fiesta     | y                   | 35.66            |                 | -      | 35.66                  |
| 4/5/11 | Party City     | "                                   | y                   | 65.58            |                 | -      | 65.58                  |
| 4/5/11 | Dollar Tree    | "                                   | y                   | 10.83            |                 | -      | 10.83                  |
| 4/6/11 | Cove Bookstore | Promotional Items                   | y                   | 45.29            |                 | -      | 45.29                  |
| 4/7/11 | Party City     | Balloons (after credit for deposit) | y                   | 43.29            |                 | -      | 43.29                  |
|        |                |                                     |                     |                  |                 | -      | -                      |
|        |                |                                     |                     |                  |                 | -      | -                      |
|        |                |                                     |                     |                  |                 | -      | -                      |
|        |                |                                     |                     |                  |                 | -      | -                      |
|        |                |                                     |                     |                  |                 | -      | -                      |
|        |                |                                     |                     |                  |                 | -      | -                      |
|        |                |                                     |                     |                  |                 | -      | -                      |
|        |                |                                     |                     |                  |                 | -      | -                      |

|          |          |      |        |          |
|----------|----------|------|--------|----------|
| SUBTOTAL | \$200.65 | 0.00 | \$0.00 | \$200.65 |
|----------|----------|------|--------|----------|

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| LESS AMOUNT PREVIOUSLY PAID BY CI |  |  |  |  |
|-----------------------------------|--|--|--|--|

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

|  |  |  |                     |          |
|--|--|--|---------------------|----------|
|  |  |  | AMOUNT DUE TRAVELER | \$200.65 |
|--|--|--|---------------------|----------|

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

| Account | Fund  | Dept | Program | Class | Project | Amount   |
|---------|-------|------|---------|-------|---------|----------|
| 660003  | TK910 | 768  | 90329   |       |         | \$200.65 |
|         |       |      |         |       |         |          |
|         |       |      |         |       |         |          |
|         |       |      |         |       |         |          |

|  |              |          |
|--|--------------|----------|
| PURPOSE OF BUSINESS EXPENSE, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim (Please do not use acronyms) | Total Amount | \$200.65 |
|--|--------------|----------|

Decorations and promotinal items for Noche de Fiesta, an IRA sponsored activity. Receipts and IRA Proposal attached.

|                         |                                       |
|-------------------------|---------------------------------------|
| NORMAL WORK DAY HOURS   |                                       |
| PRIVATE VEHICLE LICENSE |                                       |
| MILEAGE RATE CLAIMED    | 0.505 (If different see instructions) |

I HEREBY CERTIFY that the above is a true statement of the business expenses I was authorized to incur in accordance with the applicable California State University policies and CI policies 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. Furthermore, I HEREBY CERTIFY that I will not seek reimbursement for a duplicate claim or from any other source.

|   |                             |                        |
|---|-----------------------------|------------------------|
| CLAIMANT'S PRINTED NAME<br><b>Sandra Kornuc</b>             | CLAIMANT'S SIGNATURE<br>    | DATE<br><b>4/14/11</b> |
| MANAGER'S PRINTED NAME<br><b>Dan Wakelee</b>                | MANAGER'S SIGNATURE<br>     | DATE<br><b>4-20/11</b> |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required | DIVISION APPROVAL SIGNATURE | DATE                   |



391

**PARTY PLEASERS**

2291 PICKWICK DR. UNIT A  
CAMARILLO, CA 93010  
www.partypleasers.com

805-482-0339 phone  
805-388-8808 fax

**Status: Reservation**

Contract #: 475303-6

Will-Call: Wed 4/ 6/2011 9:00AM

Return: Thu 4/ 7/2011 6:00PM

Operator: 6 ELLIOTT, SHAWNA

Terms: On Account

Customer# 60057

CAL STATE DEANS EVENTS

805 437-8548 FAX 437-8554

1 UNIVERSITY DR  
MALIBU HALL #130

Contract Info:

CAMARILLO, CA 93010

| Qty | Key      | Items Rented                | Part# | Status   | Event End Date  | Price    |
|-----|----------|-----------------------------|-------|----------|-----------------|----------|
| 2   | .LIGSTD  | LIGHT, TREE STAND           |       | Reserved | 4/7/2011 6:00PM | \$45.00  |
| 12  | .LIPAR38 | LIGHT, PAR 38 - 120WT BLACK |       | Reserved | 4/7/2011 6:00PM | \$270.00 |
| 12  | .MR      | GELS FOR TREE LIGHT         |       | Reserved | 4/7/2011 6:00PM | \$0.00   |
|     |          | 4-RED 4-GREEN 4-AMBER       |       |          |                 |          |

| Qty | Key       | Items Sold                 | Part# | Status  | Each    | Price   |
|-----|-----------|----------------------------|-------|---------|---------|---------|
| 1   | .DELCSUCI | DELIVERY/PICKUP CSUCI ONLY |       | Selling | \$35.00 | \$35.00 |

DELIVER ANYTIME BEFORE 2:00PM

PICK UP IN AM BEFORE 12:00 NOON !!!!!

ORDER PLACED BY MERISSA STITH

**Del/PU time varies, defined times extra \$**

**RENTAL CONTRACT**

|                        |                 |
|------------------------|-----------------|
| Rental w/ 10% Disc:    | \$315.00        |
| EPP:                   | \$31.50         |
| Sales:                 | \$35.00         |
| Delivery Charge:       | \$0.00          |
| Misc. Charges:         | \$0.00          |
| <b>Subtotal:</b>       | <b>\$381.50</b> |
| SALES TAX-VENTURA CO.: | \$28.88         |
| <b>TOTAL:</b>          | <b>\$410.38</b> |
| PAID:                  | \$0.00          |
| <b>AMOUNT DUE:</b>     | <b>\$410.38</b> |

SIGNATURE:

CAL STATE DEANS EVENTS



391

# Request for Goods and Services

PO# \_\_\_\_\_  
Procurement use

**New Vendor:**  Yes  No  
**Vendor Name:** Party Pleasers  
**Address:** on file  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_

**Date:** 3/25/2011  
**Requestor :** Mary Devins  
**Phone:** x3253

\* **Delivery Date:** 4/6/2011  
**Quote #:** 475303-6

**Matching rules:**  2-way  3-way  
 \* **E-mail copies to:** (Please attach all quotes)  
 mary.devins@csuci.edu  
 merissa.stith@csuci.edu  
 shippingandreceiving@csuci.edu

| TAXABLE ITEMS           |                        |     |       |            |                 |         |       |      |         |       |         |
|-------------------------|------------------------|-----|-------|------------|-----------------|---------|-------|------|---------|-------|---------|
| Catalog/Part #          | Description            | UOM | QTY   | Unit Price | Ext. Price      | Account | Fund  | Dept | Program | Class | Project |
| LIGTSID                 | Light, Tree Stand      | dlr | 45    | \$1.00     | \$45.00         | 660003  | TK910 | 768  | 90329   |       |         |
| LIPAR38                 | Light, PAR 38 120wt Bk | dlr | 270   | \$1.00     | \$270.00        | 660003  | TK910 | 768  | 90329   |       |         |
| MR                      | Gels for Tree Light    | dlr | 0     | \$1.00     | \$0.00          | 660003  | TK910 | 768  | 90329   |       |         |
| DELCSUCI                | Delivery/Pick Up       | dlr | 35    | \$1.00     | \$35.00         | 660003  | TK910 | 768  | 90329   |       |         |
| PPP                     |                        | dlr | 31.50 | \$1.00     | \$31.50         | 660003  | TK910 | 768  | 90329   |       |         |
|                         |                        |     | 0     | \$1.00     | \$0.00          |         |       |      |         |       |         |
|                         |                        |     | 0     | \$1.00     | \$0.00          |         |       |      |         |       |         |
| <b>Taxable Subtotal</b> |                        |     |       |            | <b>\$381.50</b> |         |       |      |         |       |         |

| NON-TAXABLE ITEMS           |             |     |     |            |               |         |      |      |         |       |         |
|-----------------------------|-------------|-----|-----|------------|---------------|---------|------|------|---------|-------|---------|
| Catalog/Part #              | Description | UOM | QTY | Unit Price | Ext. Price    | Account | Fund | Dept | Program | Class | Project |
|                             |             |     | 0   | \$1.00     | \$0.00        |         |      |      |         |       |         |
|                             |             |     | 0   | \$1.00     | \$0.00        |         |      |      |         |       |         |
|                             |             |     | 0   | \$1.00     | \$0.00        |         |      |      |         |       |         |
|                             |             |     | 0   | \$1.00     | \$0.00        |         |      |      |         |       |         |
|                             |             |     | 0   | \$1.00     | \$0.00        |         |      |      |         |       |         |
|                             |             |     | 0   | \$1.00     | \$0.00        |         |      |      |         |       |         |
|                             |             |     | 0   | \$1.00     | \$0.00        |         |      |      |         |       |         |
| <b>Non Taxable Subtotal</b> |             |     |     |            | <b>\$0.00</b> |         |      |      |         |       |         |

|   |  |   |   |
|---|--|---|---|
| <b>Contract Services:</b><br>Check one: <input type="checkbox"/> MEA <input type="checkbox"/> CMAS<br><input type="checkbox"/> Contract proposal attached |  | <b>Subtotal</b> \$381.50<br><b>Tax</b> \$27.66<br><b>Shipping</b> \$0.00<br><b>Total</b> \$409.16   | <b>Comments:</b><br>Light Rental for Noche de Fiesta, IRA funded<br>Please check tax, quote states it should be 28.88 |
| <b>State Contract #:</b> _____<br><b>Contract Administrator:</b> _____<br><b>Phone:</b> _____<br><b>E-mail:</b> _____                                     |  | <b>Signatures/Approvals</b> <b>Print name/Signature</b><br>IT Mgr (if required): _____<br><i>If order is IT related: An approval signature must be obtained</i><br>Chair/Dept. Budget: _____<br>Dean/Director: _____<br>Division VP/Designee: _____<br>President (if required): _____ |   |

Camarillo, March 18th, 2011.

Kristelle Monterrosa  
1532 6<sup>th</sup> Street, #410  
Santa Monica, CA 90401

Dear Kristelle,

We are pleased that you have agreed to come to our campus to perform flamenco dancing during our annual NOCHE DE FIESTA celebration. Our event (dinner/concert) will be held on Wednesday, April 6<sup>st</sup>, 2011 at Malibu Hall 100. The performance, which includes yourself, an additional dancer, and a guitarist, comprises a 20 minute show plus a 15 minute mini-workshop. The agreed joint performance fee is \$500. The event (dinner) starts at 6:30 pm and the musical performance starts at 7pm. There will be complimentary meals available for you at 6 pm. Other details will be discussed later. Please let me know if you have any questions or need anything further.

Sincerely,

Sandra Kornuc, Ph.D.  
Spanish Program  
California State University Channel Islands  
One University Drive, BT 1524  
Camarillo, California 93012  
Tel. 805-437-2697  
e-mail: [sandra.kornuc@csuci.edu](mailto:sandra.kornuc@csuci.edu)

391



Channel Islands

CALIFORNIA STATE UNIVERSITY

COST RECOVERY EVENT Work Order

5/5/2011

CR-EV 029127



029127

Location ID : 023-0100 MALIBU HALL, COMMUNITY HALL, ROOM 100 Room: 100  
 Equipment ID : Requester: MERISSA STITH  
 Serial : Contact: SANDRA KORNUC  
 PM Number: Phone : 2697  
 Account: 660832-TK910-768-90329-00000-00000

Request : EVENT: NOCHE DE FIESTA TO BE HELD ON WEDNESDAY, APRIL 6TH FROM 6:30 - 9 PM IN MALIBU 100.

|              |                         |               |
|--------------|-------------------------|---------------|
| Status : CRI | Open Date : 4/4/2011    | Procedure :   |
| Priority : 1 | Comp Date : 5/4/2011    | Craft : EVENT |
| Assigned :   | Target Start : 4/4/2011 | Crew :        |

Actuals Hours (7.5) \$184.15 Materials \$0.00 Tools \$0.00 Service \$0.00 Total \$184.15

| Task # | Desc   | Memo  | Account | Hours |
|--------|--|---|---------|-------|
| 1      | LOCKSMITH: PROGRAM LOCKS FOR EVENT.  |   |         |       |
| 2      | ENGINEERS: PROGRAM HVAC FOR EVENT-200 EXPECTED   |   |         |       |
| 3      | CUSTODIANS: SET UP 6 TRASH & 4 RECYCLE CANS  |   |         |       |
| 4      | LABORERS: DELIVER 10 ROUND 72" TABLES AND SET UP 10 BURGUNDY CHAIRS AROUND EACH TABLE. | THEY DID NOT REQUEST RECTANGULARS BUT BRING A COUPLE EXTRA FOR FOOD SERVICE JUST IN CASE. |         |       |

| Employee | Craft | TransDate | Description                              | Account                            | Hours |
|----------|-------|-----------|--|------------------------------------|-------|
| ALAS1    | LOC   | 4/4/2011  | SET UP EVENTS SCHEDULE AND PROGRAM LOCKS | 580094-GD901-330-00000-00000-00000 | 0.5   |
| DMCD1    | LAB   | 4/6/2011  | SET UP EVENT AT MALIBU 100               | 580094-GD901-340-00000-00000-00000 | 2     |
| DMCD1    | LAB   | 4/7/2011  | BREAK DOWN EVENT AT MALIBU               | 580094-GD901-340-00000-00000-00000 | 1     |
| GCRA1    | CUS   | 4/6/2011  | CLEAN UP AFTER EVENT                     | 580094-GD901-340-00000-00000-00000 | 1     |
| SCON1    | LAB   | 4/7/2011  | BROKE DOWN EVENT AT MALIBU               | 580094-GD901-340-00000-00000-00000 | 1     |
| SCON1    | LAB   | 4/6/2011  | SET UP EVENT AT MALIBU 100               | 580094-GD901-340-00000-00000-00000 | 2     |

Credit Summary

| Account                            | Amount          |
|------------------------------------|-----------------|
| 580094-GD901-330-00000-00000-00000 | \$0.00          |
| 580094-GD901-340-00000-00000-00000 | \$19.89         |
| <b>Grand Total:</b>                | <b>\$184.15</b> |

Comp Remark: CANS ALREADY IN PLACE NO HVAC TIME REQUIRED

|  |           |     |                |            |
|--|-----------|-----|----------------|------------|
| <input checked="" type="checkbox"/> Complete | EQ Meter: | By: | Date: 5/4/2011 | Hours: 7.5 |
|--|-----------|-----|----------------|------------|

Department Approval: *[Signature]* Date: \_\_\_\_\_