



Please note the following:


- One (1) form is required per event
- An event which takes place over multiple consecutive days is considered one event
- One (1) form may be submitted for multiple dates of the same event type

| Requestor Info | |
|-------------------------------------|-----------------------------|
| Full Name: _____ | _____ @csusm.edu |
| Department: American Indian Studies | |

| Hospitality/Event Info | |
|---|----------------------------|
| Description/Title of Event or Program: Training for our student assistants. | |
| Please explain the business purpose of this expense and the benefit to the CSU: Professional training for our students that helps support the department with the goal of AD1100. This training will help them to work in a professional, growing, academic department | |
| Event Start Date: 02/09/2023 | Event End Date: 02/09/2023 |
| Location/Venue of Event: SBSB 1118 | |

| Attendee or Recipient Type (Please check all that apply) | |
|--|---|
| <input type="checkbox"/> Donor | <input type="checkbox"/> Spouse or Domestic Partner |
| <input checked="" type="checkbox"/> Faculty, State and Auxiliary Staff, Student Assistants | <input type="checkbox"/> Student |
| <input type="checkbox"/> Official Guests | <input type="checkbox"/> Student Athlete |
| <input type="checkbox"/> Research Participant | <input type="checkbox"/> Other |

Will there be Food and Beverage at this event? Yes

Please include backup documentation that includes the per person calculation for every meal. 

Will there be Alcoholic Beverages at this event? No

Are gift cards part of the event? No

| Hospitality Categories and Funding Information (Please check all that apply) | |
|--|---|
| <input type="checkbox"/> Awards and Service Recognition | <input type="checkbox"/> Memberships in Social Organizations (Auxiliary funding only) |
| <input type="checkbox"/> Bereavement Gift Expenditures | <input type="checkbox"/> Participation Incentives – Research funded survey/study or student participation in events |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Participation Incentives – other (Auxiliary funding only) |
| <input type="checkbox"/> Donor Gifts | <input type="checkbox"/> Professional Conference, Meeting, or Reception |
| <input checked="" type="checkbox"/> Employee Business Meetings | <input type="checkbox"/> Promotional Items |
| <input type="checkbox"/> Employee Morale and Recognition | <input type="checkbox"/> Recreational and Sporting Events (Athletics only) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Student Recruitment, Engagement, or Recognition |

| Chartfield Information | | | | | | |
|---|-------|---|---------|-------|---------|-----------|
| Number of Chartfields: 1 | | **If you have more than 3 Categories and/or Chartfields, please attach Excel file. | | | | |
| 1. Payment Method: ProCard (Must be allowed per ProCard guidelines) | | | | | | |
| | Fund | Dept | Program | Class | Project | Amount |
| | 48500 | 1176 | | 18802 | | \$ 152.54 |
| Vendor(s): Board & Brew, Ralphs, Costco, or similar vendors. | | | | | | |
| 2. Payment Method: | | | | | | |
| | Fund | Dept | Program | Class | Project | Amount |
| | | | | | | \$ |
| Vendor(s): | | | | | | |
| 3. Payment Method: | | | | | | |
| | Fund | Dept | Program | Class | Project | Amount |
| | | | | | | \$ |
| Vendor(s): | | | | | | |
| Hospitality Expenses Estimate: \$ | | | | | | 152.54 |

Required Attachments if applicable or if not previously attached:

Please attach an agenda, flier, invitation, or event announcement and for smaller events, a list of attendees.

If this is a Catering event, please attach the Catering estimates/quotes for all expenditures and cost per person.

**Please note that ALL Caterers must be selected from the [CSUSM Corporation Approved Caterers List](#).

Reminders:


Please make sure to choose an allowable payment method based on procedures/guidelines (e.g. Use ProCard as first option for allowable items, no Direct Pay for services, Purchase Order for services and anything with an agreement.)

Direct Pay – An approved copy of this form must be attached to the [Direct Pay Form](#)

ProCard – An approved copy of this form and the itemized receipt for purchases must be attached to the monthly reconciliation statement

If using a catering service other than Sodexo over \$250.00 a First Right of Refusal is needed from Sodexo.

If providing promotional items or participation incentives that cannot be fulfilled by the bookstore and that have a CSUSM logo, wording, lettering, or imply affiliation with CSUSM a First Right of Refusal is needed from the bookstore.

 I have read the information above and acknowledge that I have the responsibility to complete future actions

Student Assistant Training

| Date | Time | Who is Invited? |
|----------|--------------------|-----------------|
| 2/9/2023 | 12:00 PM - 1:00 PM | staff, students |

AGENDA

| Time | Description | Location | Room Booked |
|---------------------|--|-----------|-------------|
| 12:00 PM - 12:10 PM | Intro/Food | SBSB 1118 | Yes |
| 12:10 PM - 12:50 PM | Training/dept updates for students (working lunch) | SBSB 1118 | Yes |
| 12:50 PM - 1:00 PM | questions/concerns from students | SBSB 1118 | Yes |

Event Description

| Description of Event |
|---|
| Student assistan training to be able to manage the front desk of our dept., and be able to assist our faculty and any students, university community members, or community members that might come in/call/email in |
| Direct or Indirect Benefit to the CSU to be Derived from the Expense |
| Professional training to our students that will allow them to feel supported and fully prepared to work in the dept. |
| Plan for RSVPs |
| Outlook invitation and email RSVP |
| What will be provided to Attendees |
| Lunch |

FOOD

| Vendor | Description | Cost Per Person | Total Cost Est. |
|-------------------------|---|-----------------|-----------------|
| Board & Brew or simila | Sandwiches | \$8.24 | \$123.64 |
| Ralphs/Costco or simila | salad, non-alcoholic beverages, & dessert | \$1.93 | \$28.90 |
| | | | \$152.54 |

CHARTFIELD/PAYMENT METHOD

| Fund | Dept | Amount | Payment Method |
|-------|------|----------|----------------|
| 48500 | 1176 | \$152.54 | ProCard |

| Attendees | |
|----------------------------|-----------|
| Est. Attendee Headc | 15 |
| Attendee List | |

- Joely Proudfit Department Chair**
- Laura Romero Staff**
- Missy Magooshboy Staff**
- Monica Zavala Staff**
- Aiden Valverde Student Assistant**
- Ethan Wolfe Student Assistant**
- Katrina Tomas Student Assistant**
- Alexandra Valle Student Assistant**
- Ilianna Ramirez Student Assistant**
- Kiara Flores Student Assistant**
- Angel Jimenez Student Assistant**
- Allin Martinez Student Assistant**
- Julian Stanskas Student Assistant**
- Lanise Luna Student Assistant**
- Emely Morales Student Assistant**

| Notes/Suggestions on Event from AC, [Laura Romero] |
|---|
| |
| |
| |
| |

You are ordering from 1354 West Valley Parkway, Escondido | 760.573.0222

[← CONTINUE SHOPPING](#)

CATERING FOR PICKUP

123.64

CHOOSE DAY/TIME*:

2/9/23



11:15 AM



The Specialty

Subtotal

Tax

Tip

Total



Pickup Cart

We do the shopping and bring it to your car.

Allow substitutions for all out-of-stock items.

[Change to Delivery](#)



[Show All Items](#)

Pickup Summary

Item Count:

Estimated Total:

Coupons, taxes and pickup fees are calculated in ch

Pickup Location

Campus Marketplace
306 S Twin Oaks Valley Rd
San Marcos, CA 92078

Char

Credit, debit and SNAP EBT accepted.

[Check Out Pickup](#)

Forgetting Something?



Kirkland Signature Gourmet
Chocolate Chunk Cookies, 24 ct
24 ct

1

\$10.56
~~\$12.06~~



 Add Instructions  Remove



Kirkland Signature Caesar Salad With
Caesar Dressing & Croutons
each

1

\$11.68

 Add Instructions  Remove