1. Type of Participant: Student □  Faculty □  Staff □  Other □ __________________________________________
2. Name of Department/Organization: __________________________________________________________
4. Date(s): __________________ Time: ______________ Location: ______________________________
5. Title and Purpose of Event: ______________________________________________________________

6. Will UAS provide services for the event? Yes □  No * □

   *Note: All requests to host an off-campus event, purchase food from an off-campus vendor or the purchase of any food items from anyone other than University Auxiliary Services, Inc. (UAS) Dining Services must be approved by UAS as prescribed by Cal State L.A. Administrative Procedure 025. Please explain in detail in the space provided below the reason for the request. Signature of UAS Dining Services Director, or designee, is required prior to the event.

   __________________________________________________________
   Name and Title of UAS Approving Authority: ________________________________________________

   __________________________________________________________
   Approve __________________ Decline __________________ Signature __________________ Date __________

7. Funding Source:

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<th>Department</th>
<th>Program</th>
<th>Project ID</th>
<th>Amount</th>
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</tbody>
</table>

8. Will alcoholic beverages be served? Yes □  No □

   If yes, refer to Cal States LA Administrative Procedure 019, Use of Alcoholic Beverages on Campus.

   __________________________________________________________
   I have read Administrative Procedure 209, Hospitality, Payment or Reimbursement of Expenses, and hereby agree to abide by the provisions stated herein.

   __________________________________________________________
   Department Administrator Approver (Level 4 or above) Signature Date ________________________

   __________________________________________________________
   Fiscal Authority Approver (Level 4 or above) Signature Date ________________________

   __________________________________________________________
   Division VP/CFO Approver (Level 2 or above) Signature Date ________________________

   __________________________________________________________
   Approve Decline