1. Type of Participant: Student ☐ Faculty ☐ Staff ☐ Other ☐

2. Name of Department/Organization:

3. Department Contact:

4. Date(s): ___________ Time: ___________ Location: ___________

5. 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

6. Funding Source:

<table>
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<tr>
<th>Account</th>
<th>Fund</th>
<th>Department</th>
<th>Program</th>
<th>Project ID</th>
<th>$</th>
</tr>
</thead>
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</tbody>
</table>

TOTAL $ ___________

7. 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.

Name and Title of Preparer ____________________________ Signature Date

Name and Title of Fiscal Authority (Level 4 or above): ____________________________

Email Extension Signature Date

Name of Division VP/CFO (Level 2 or above): ____________________________

Approve Decline Signature Date