

**GUEST / SPECIAL LECTURER INVOICE C-710**

R11 RDF193

613801-48501-99997-9999

California State University Northridge  
18111 Nordhoff Street  
Northridge, CA 91330-8202

**FROM:**

Full Name: Ilan Binyamin Pappe

Address: [REDACTED]

City, State Zip: [REDACTED]

Email Address: I.Pappe@exeter.ac.uk

Last 4 Digits of SSN or ITIN: [REDACTED]

Date(s) of Lecture(s): 20 February 2012

Payment Amount: \$ 3,000.00

RESIDENCY STATUS: (Mandatory - Check one only)

☐ U.S. Citizen

☐ Permanent Resident Alien (Green Card Holder)

☒ Other\*

\*GLACIER: (Web-Based Information Collection System)


For U.S. tax reporting purposes, payments to individuals that are **NOT** U.S. citizens or permanent resident aliens having a green card (as declared on the *Vendor Data Record Form*) may be subject to different U.S. tax rules. The Internal Revenue Service requires the University to collect information from all individuals that are **NOT** U.S. citizens or permanent resident aliens having a green card, to determine residency status for tax purposes and the appropriate rate of tax withholding and reporting for any payments due to such individuals. **Required information and forms MUST be provided prior to any payments being processed.** Failure to do so may result in the maximum rate of withholding and/or delay in payment. A *Glacier* User ID and Password (with instructions) will be emailed to any guest/special lecturer who indicated *Other\** above.

**WAIVER & RELEASE**

I understand and acknowledge the following as a condition precedent to performing this service:

I am working as an independent contractor and **NOT** as an employee of California State University and I am solely responsible for any and all taxes, costs, interest, assessments, property damage, attorney's fees or other costs which may arise from the performance of this service. I do hereby waive, personally release, hold harmless and forever discharge any and all claims for damages for personal injury, including death or property damage, which I may have or which may hereafter accrue to me, against California State University, Northridge as a result of my performance of this service. This release is intended to discharge the State of California; the Trustees of California State University; California State University, Northridge; its auxiliary organizations and their officers, agents, employees and volunteers from all claims arising out of or connected in any way with my participation in the service outlined above.

I have read this form and understand its terms and conditions. I also, understand that by signing this document, I may be giving up certain rights which I or others claiming through me, may have now or in the future. It is further understood and agreed that this waiver, release and assumption of risk is binding on my heirs and assignees.

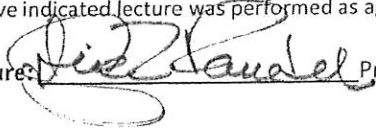
Lecturer's Signature:  Print Name: Ilan Pappe Date: 02/20/2012

A

MUST be attached or on file.

DEPARTMENT CERTIFICATION / APPROVAL:

I certify that the above indicated lecture was performed as agreed and herein authorize payment of this invoice:

Authorized Signature:  Print Name: Cynthia Rawitch Date: 2/9/12

REQUISITION NO: R11RDF193

REQUIRED CHARTFIELDS:

ACCOUNT: 613801 FUND: 48501 DEPTID: 99997 PROGRAM: 9999 CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT: \$3,000.00

Financial Approver:  Print Name: Jean Porter Date: 2/10/12

Department Contact: Jean Porter Ext: 4556



USU Reservations & Event Services  
University Student Union, Inc.  
18111 Nordhoff Street  
Northridge CA 91330-8272  
818.677.3644 / 818.677.4172

## Confirmation

<b>Guest</b>	<b>Reservation:</b> 25550
Joseph Antunez	Event Name: Guest Speaker
Provost/Academic Affairs	Status: Confirmed
MAIL DROP: 8200	Phone: 2957
	Fax: 5530
	Event Type: Lecture
	Payment Ref: D11AC0689 \$189.85

### Bookings / Details

Thank you for choosing the University Student Union (USU). If you need immediate assistance with your event outside of USU Reservations & Event Services office hours (M-F 8:00 a.m. - 5:00 p.m.), please call the Building Manager at (818) 859-8255.

Initial Signature (Due Date: 12/23/2011 Completed On: 12/22/2011)

AV Equipment Needs (Due Date: 1/3/2012 Completed On: 12/22/2011)

Final Signature (Due Date: 1/17/2012 Completed On: 12/23/2011)

Payment (Due Date: 2/6/2012 Completed On: 2/9/2012)

Checks are not accepted within one (1) week of the event date.

Quantity	Price	Amount
Direct Pay Invoice Approval		
Acct: 660041	Fund 48501	Dept ID 10044
Program 9999		
Class: Project/Grant: D11AC0689		
Requisition No. or description: (not required)		
Print Name: Cynthia Rawicki		
Date: 2-14-12		
EXT: 2957		
Expenditure Authorized by: [Signature]		

### Monday, February 20, 2012

#### 4:00 PM - 5:30 PM Guest Speaker (Confirmed) Northridge Ctr.

Theatre for 160

Room Charge: (175.35 per Half Day)

Equipment - USU:

Podium - Floor

PA - 6 Channel Audio-Dynamix

Options:

a) (\$30) includes wireless hand-held microphone

Mic. Stand-Boom

Mic. Stand-Floor

Microphone

Stage Riser - 6'x8' (H18"/24"/30")

Less 100% Discount

Waived per J. Ohnishi

Stage Stair

Chairs - NRC Red

Table - 6'x30" Smooth

Table Skirt - 6' (12x29)

Public Safety:

4:00 PM - 7:00 PM Security Services

Public Safety Officer(3 hours @ 60.00/hr)

1	175.35	175.35
1	4.00	4.00
1	30.00	30.00
1		
1		
1	4.20	4.20
8	5.00	40.00
		-40.00
2		
202		
1		
1	4.20	4.20
1	180.00	180.00

Subtotal	397.75
Grand Total	397.75

California State University  
**Northridge**

Today's date is: 2/21/2012

FOUNDATION  
Check Request FormCSUN FOUNDATION  
TEL NO: (818) 677-4657  
FAX NO: (818) 677-4823  
MAIL DROP: 8296

Date: 02/21/12

Reference #: R11AC0719

Amount: \$ 96.69

Amount in Words: Ninety-six dollars and sixty-nine cents

Payee Name: David Klein

Mail Drop:

Payee is:

☐ FACULTY☒ STATE/UNIV CORP EMPLOYEE☐ CSUN STUDENT☐ OTHER

Payee Address:

Brief Explanation of Expenditure: (must relate to account purpose)

David Klein hosted a lunch 2/20/12 for guest speaker Ilan Pappé. Attendees: Linda Milazzo, Mark Kleiman, Estee Chandler, Dara Wells Hajjar.

Charge to Fund Name: Provost's Hospitality Fund

ACCOUNT:	FUND:	DEPT ID:	PROGRAM:	CLASS:	PROJECT/GRANT:
623510	S4902	50400	0600	10044	

NACUBO Classification: ☐ INSTRUCTION ☐ RESEARCH ☐ PUBLIC SERVICE☐ ACADEMIC SUPPORT☐ STUDENT SERVICES☐ INSTITUTIONAL SUPPT☐ SCHOLARSHIPS

(PLEASE CONSULT YOUR MAR/FINANCIAL MANAGER TO ENSURE THESE BOXES ARE CHECKED CORRECTLY)

This Check Should Be:

☐ MAILED TO PAYEE☒ HELD FOR PICKUP☐ CSUN MAIL DROP

Questions? Please call:

NAME OF CONTACT PERSON:

PHONE:

EMAIL:

MAIL DROP:

Marlene Gale

2957

marlene.gale@csun.edu

8200

Signature:

Print Name: Cynthia Rawitch

Date:

Signature:

Print Name:

Date: MM/DD/YY

Signature:

Print Name:

Date: MM/DD/YY

Reviewed By:

Check Received By:

IMPORTANT: ORIGINAL RECEIPTS AND INVOICES MUST ACCOMPANY EACH CHECK REQUEST. A W9 FORM MUST BE SUBMITTED FOR ALL NEW VENDORS. AN INDEPENDENT CONTRACTOR FORM MUST BE SUBMITTED WITH EACH REQUEST FOR SERVICES PROVIDED BY AN INDIVIDUAL OR UNINCORPORATED COMPANY. FOR REIMBURSEMENTS FOR EVENT RELATED EXPENSES, PLEASE INDICATE THE PURPOSE OF THE EVENT, THE DATE, A LIST OF ATTENDEES, AND ATTACH A COPY OF THE INVITATION/FLYER. FOR HOSPITALITY EXPENSES OVER \$500, COMPLETE THE HOSPITALITY EXPENSE FORM. FOR AN INVOICE PAYMENT REQUEST, PLEASE MARK THE INVOICE "RECEIVED" WITH SIGNATURE AND DATE. FOR ALL SCHOLARSHIPS AND STUDENT AWARDS, PLEASE USE THE DEPARTMENT REQUEST FOR FUNDS FORM FOUND ON THE FINANCIAL AID WEBSITE. (1/10/05)

California State University  
**Northridge**  
Today's date is: 2/22/2012

**FOUNDATION**  
**Check Request Form**

CSUN FOUNDATION  
TEL NO: (818) 677-4657  
FAX NO: (818) 677-4823  
MAIL DROP: 8296

Date: 02/22/12

Reference #: R11AC0724

Amount: \$ 286.20

Amount in Words: Two hundred eighty-six dollars and twenty cents

Payee Name: Harry Hellenbrand

Mail Drop: 8230

Payee is: ☐ FACULTY ☒ STATE/UNIV CORP EMPLOYEE ☐ CSUN STUDENT ☐ OTHER

Payee Address: [REDACTED]

Brief Explanation of Expenditure: (must relate to account purpose)

Harry Hellenbrand hosted a dinner 2/20/12 guest speaker Ilan Pappé, Sherna Berger, Marvin Gluck, Mutombo Nkulu-N'sengha, Edie Pistolesi, David Klein, Maria Pistolesi

Charge to Fund Name: Provost's Hospitality Fund

ACCOUNT:	FUND:	DEPT ID:	PROGRAM:	CLASS:	PROJECT/GRANT:
623510	S4902	50400	0600	10044	

NACUBO Classification: ☐ INSTRUCTION ☐ RESEARCH ☐ PUBLIC SERVICE  
☐ ACADEMIC SUPPORT ☐ STUDENT SERVICES ☐ INSTITUTIONAL SUPPT ☐ SCHOLARSHIPS  
 (PLEASE CONSULT YOUR MAR/FINANCIAL MANAGER TO ENSURE THESE BOXES ARE CHECKED CORRECTLY)

This Check Should Be: ☐ MAILED TO PAYEE ☒ HELD FOR PICKUP ☐ CSUN MAIL DROP

Questions? Please call:

NAME OF CONTACT PERSON:	PHONE:	EMAIL:	MAIL DROP:
Marlene Gale	2957	marlene.gale@csun.edu	8200

Signature: [Signature]

Print Name: Cynthia Rawitch

Date: 2-24-12

Signature: [Signature]

Print Name: Barbara Gross

Date: 2-24-12

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: MM/DD/YY

Reviewed By: \_\_\_\_\_ Check Received By: \_\_\_\_\_

IMPORTANT: ORIGINAL RECEIPTS AND INVOICES MUST ACCOMPANY EACH CHECK REQUEST. A W9 FORM MUST BE SUBMITTED FOR ALL NEW VENDORS. AN INDEPENDENT CONTRACTOR FORM MUST BE SUBMITTED WITH EACH REQUEST FOR SERVICES PROVIDED BY AN INDIVIDUAL OR UNINCORPORATED COMPANY. FOR REIMBURSEMENTS FOR EVENT RELATED EXPENSES, PLEASE INDICATE THE PURPOSE OF THE EVENT, THE DATE, A LIST OF ATTENDEES, AND ATTACH A COPY OF THE INVITATION/FLYER. FOR HOSPITALITY EXPENSES OVER \$500, COMPLETE THE HOSPITALITY EXPENSE FORM. FOR AN INVOICE PAYMENT REQUEST, PLEASE MARK THE INVOICE "RECEIVED" WITH SIGNATURE AND DATE. FOR ALL SCHOLARSHIPS AND STUDENT AWARDS, PLEASE USE THE DEPARTMENT REQUEST FOR FUNDS FORM FOUND ON THE FINANCIAL AID WEBSITE. (1/10/05)

**Subject:** [Fwd: Re: Pappe update and lunch guests]  
**Date:** Sunday, April 15, 2012 3:05 PM  
**From:** Klein, David M <david.klein@csun.edu>  
**To:** Randy Reynaldo randy.reynaldo@csun.edu  
**Conversation:** [Fwd: Re: Pappe update and lunch guests]

----- Original Message -----

**Subject:** Re: Pappe update and lunch guests  
**Date:** Fri, 6 Jan 2012 15:19:37 -0800  
**From:** Hellenbrand, Harold L <Harry.Hellenbrand@csun.edu>  
**To:** Klein, David M <david.klein@csun.edu>  
**References:** <00D9AB00-EB2A-4562-8678-A0241D7BC4F4@csun.edu> <3DB68FDB-5470-43AC-BB17-B476458F63A6@csun.edu>

vg, d

Klein, David M wrote:

> Harry,  
>  
> If it's ok with you, we have these lunch guest (and probably others)  
> for Pappe, Feb 20 (Monday): Estee Chandler, pres. of L.A. Jewish Voice  
> for Peace; Ess Schur, Code Pink; Mark Kleiman, attorney and major JVP  
> donor, Linda Milazzo, reporter. Probably a few others. Linda will  
> interview of Pappe at some point during the day.  
>  
> I've been having trouble getting responses from CSUN faculty about  
> class visits, but I can round up some student leaders for Q & A, and  
> will try to arrange a class visit at some point. I asked Nayereh (of  
> the new MES program at CSUN), but have not heard back. The talk will  
> be 4 p.m. or 4:30 p.m. (what ever works best for you).  
>  
> David

>  
>  
>  
> From: Susan Slyomovics [[ssly@anthro.ucla.edu](mailto:ssly@anthro.ucla.edu)]  
> Sent: 19 December 2011 17:44  
> To: David Klein; Pappe, Ilan  
> Cc: Manzar Foroohar; Sherna Berger Gluck; Vida Samiian; David Neunuebel  
> Subject: Re: CSU Northridge, Feb 20  
>  
> Dear Ilan:  
> We're set for Friday Feb. 24 at 3 PM at UCLA. Please email your talk title  
> and brief abstract  
>  
> Have you purchased your ticket yet? As soon as we receive the information  
> from you, we will purchase your plane ticket from Fresno (your penultimate  
> stop) to Los Angeles (UCLA being your last stop before you head home).  
>  
> Best  
> Susan  
>  
>  
> On 12/19/11 9:06 AM, "David Klein" <[david.klein@csun.edu](mailto:david.klein@csun.edu)  
> <<mailto:david.klein@csun.edu>>> wrote:  
>  
>> Ilan,  
>>  
>> I'm in the process of reserving rooms and equipment for your Feb 20  
>> visit at CSU Northridge. Will you be using a power point?  
>>  
>> Thanks,  
>> David



**Subject:** [Fwd: Re: Pappe fundiing?]

**Date:** Sunday, April 15, 2012 2:56 PM

**From:** Klein, David M <david.klein@csun.edu>

**To:** Randy Reynaldo randy.reynaldo@csun.edu

**Conversation:** [Fwd: Re: Pappe fundiing?]

----- Original Message -----

**Subject:**Re: Pappe fundiing?

**Date:**Wed, 15 Jun 2011 14:22:24 -0700

**From:**Hellenbrand, Harold L <Harry.Hellenbrand@csun.edu>

**To:**Klein, David M <david.klein@csun.edu>

**References:**<4DF8D90F.9080204@csun.edu> <4DF8E248.2060005@csun.edu>  
<4DF8E89A.4080606@csun.edu>

Y

Klein, David M wrote:

> Harry,

>

> So this is a flat fee, right? That sounds good. We give him \$3K, and  
> forget about receipts for travel, etc. That keeps things simple.

>

> David

>

>

> Hellenbrand, Harold L wrote:

>> 3k

>>

>> Klein, David M wrote:

>>

>>> Harry,

>>>

>>> >From the messages below, Manzar is promising \$1500 to Ilan Pappe for  
>>> travel + \$500 honorarium. UCLA apparently has a policy against paying  
>>> for overseas flights, and they're just catching up with this. What  
>>> should we offer?

>>>

>>> David

>>>

>>>

>>>

>>> ----- Original Message -----

>>> Subject: RE: Can you confirm possible engagement(s) in California for  
>>> next spring?

>>> Date: Wed, 15 Jun 2011 08:57:29 -0700

>>> From: Pappe, Ilan <I.Pappe@exeter.ac.uk>

>>> To: Sherna Berger Gluck <sbqluck@csulb.edu>, "Klein, David M"  
>>> <david.klein@csun.edu>

>>> CC: Manzar Foroohar <manzarforoohar@gmail.com>, Susan Slyomovics



Claimant's Name	Residence Address (Non Employees Only)	City	State	Zip Code
Ilan Pappé	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EmpID (not SSN)	Department	Telephone #	Vehicle License #	Mileage Rate Claimed
N/A	History (guest speaker)			0.50
Travel Destination (city & state, or city & country)		Purpose of Trip		

\* NOTE LECTURES ONLY ENTITLED TO \$1550<sup>00</sup> IN TRAVEL EXPENSES

1552.67

CLAIMANT'S SIGNATURE <i>J. Papp</i>	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL <i>Debra Valenzuela</i>	DATE <i>3/8/12</i>
PRINT NAME JIAN PAPPE		PRINT NAME AND TITLE FOR APPROVING OFFICIAL Debra Valenzuela, TSA	

Rates for U.S. travel	See the grid on the rates tab
Rates for international travel	<a href="http://aopnls.state.gov/web920/per_diem.asp">http://aopnls.state.gov/web920/per_diem.asp</a>

Revised 11/10/2011



## GUEST LECTURER

**Check One:**

☒ Cal Poly Corporation

☐ Cal Poly Foundation

<b>Date:</b> <u>2/22/12</u>	<b>THIS SECTION MUST BE COMPLETED BY REQUESTER</b>
<b>Pay To:</b> <u>Ilan Pappé</u>	
<input type="checkbox"/> 1099 Taxpayer ID <u>942-74-5377</u>	<input type="checkbox"/> CSU Student <input type="checkbox"/> CSU or State Agency Employee
<input type="checkbox"/> W9 on File (no ID # required)	<input type="checkbox"/> CPC/CPF Employee <input checked="" type="checkbox"/> None of the Above
<b>Address:</b> <u>6 Warren Lane</u> <u>Portington Hall</u> <u>Tolnes</u>	<input type="checkbox"/> Company Owned in whole or part by CSU or State Agency Employee or Retiree
<b>VENDOR #:</b>	<b>Effective January 1, 2004:</b> Public Contract Code prohibits California State University employees (except for those with teaching or research responsibilities) from contracting with, or being employed by Cal Poly Corporation if the source of the funds for the goods or services comes from CSU funds or a CSU contract, unless required by his/her CSU employment determined by the CSU. PCC 10831

1. Provide a description of services (if this is a workshop, if possible, attach a brochure, flyer or curriculum vitae):  
Guest Speaker. Talk entitled: Arab Spring and the Palestine/Israel "Peace Process"

2. List the name of the project or seminar group the services were provided for or in conjunction with:

Org Key/Object Code 64040 816005 Authorized Payment Amount: \$450.00

Route through: ☐ Conference & Event Planning ☐ Sponsored Programs

Date Check Needed: next run.

Department Approval: \_\_\_\_\_

Requester: Kimberly Barton

Printed Name/Title: Andrew Morris/Dept. Chair

Phone #: ext. 2670

E-Mail Address: kabarton@calpoly.edu

CPC Approval: \_\_\_\_\_

### CHECK DISTRIBUTION: To be completed by requestor.

☒ MAIL TO:

☒ ADDRESS SHOWN

☐ PICK UP AT RECEPTIONIST

☐ OTHER:

Phone# \_\_\_\_\_

or Email: \_\_\_\_\_

### Internal Office use only: Accounts Payable

Invoice: \_\_\_\_\_

☐ PYR?

☐ 1099?

☐ W@S

**DIRECT PAY FORM**

Cal Poly State University, San Luis Obispo  
Accounts Payable Office Admin Bldg. Rm. 129  
(805)756-2291 Main Line (805)756-2292 Fax Line

THIS FORM MAY BE USED FOR COMMODITY PURCHASES AND LIMITED OFF CAMPUS SERVICES, NOT TO EXCEED \$3,500  
(See allowable services at the bottom)

Check Appropriate Boxes: ☐ \*Disbursement Request ☒ \*\*Staff/Student Reimbursement  
☐ Equipment >\$500 ☐ \*\*\*Membership/Subscription  
Request up to \$3,500.00 (Direct Pay Maximum)

<b>Date:</b> 3/6/2012	<b>Amount Requested:</b> \$48.47
<b>Name/Payable To:</b> Manzar Foroohar	
<b>Address (Employee Checks mailed to department only):</b>	
<b>Campus Department (Cal Poly Faculty/Staff and Student Reimbursements):</b> History	
<b>Off Campus Address (Off Campus Vendors Only):</b>	
<b>Special Instructions:</b>	
<b>Reason for the request (attach required documents; receipts, invoices, membership forms etc.):</b> Reimbursement for dinner, hosting guest speaker, Ilan Pappe.	

**PeopleSoft Chartfields to be charged:**

FUND	DEPT ID	ACCOUNT	PROGRAM	CLASS	PROJ/GRANT
SL001	108000	660003			

"I certify that the above information is true and correct and payments for these items have not previously been received."

**Requested by: (please type/print)**

Kimberly Barton

**Signature:****Approved by: (please type/print) ‡**

Andrew Morris

**Signature:****Department:**

History

**Contact Name:**

Kimberly Barton

**Phone #:**

ext. 2670

‡ This person must have signature authority on the chartfields listed.

\* Disbursement Request - Attach invoice from vendor

\*\* Staff/Faculty/Student Reimbursement - Attach all receipts

\*\*\* Membership/Subscriptions - Attach membership/subscription form to direct pay request

**Allowable Off Campus Services Under \$3,500.00**

\* Conference/Training Registration Fees

\* Film Rental/Musical Scores

\* Postage

\* Professional Dues

\* Photography/Videos

\* FedEx/UPS Charges

\* Printing (Printing Partners)

\* Off Campus Equipment Repair

\* Advertisements

\* Shrink wrapped software not requiring license/maintenance agreements

**AP USE ONLY****VENDOR #:****VOUCHER #:**

**Cal Poly San Luis Obispo Travel Expense Claim Form**

Claimant's Name <b>Manzar Ferozhar</b>		Residence Address (Non-Employees Only) [REDACTED]				City [REDACTED]		State [REDACTED]		Zip Code [REDACTED]	
EmpID (not SSN) <b>37735</b>		Department [REDACTED]				Telephone # <b>756-2068</b>		Vehicle License # [REDACTED]		Mileage Rate Claimed <b>0.50</b>	
Travel Destination (city & state, or city & country) <b>FRESNO, CA</b>		Purpose of Trip <b>DRIVE GUEST SPEAKER TO NEXT APPEARANCE AT FRESNO STATE</b>									

Departure and Arrival		City and State or City and Country where expenses were incurred	Domestic Travel Meals Costs			Domestic Travel Incidental Expenses	Foreign/Travel Meals & Incidental Rate	Meals and Incidentals Total	Lodging Cost	Airfare Cost	Private Car/Use		Misc. Travel Expense	Total Expenses
Date	Time		B	L	ID						Miles	Amount		
2/22/12	8:30 p.m.	SLO			48.47	////////	48.47					0.00		48.47
2/23/12	11:30 a.m.	SLO-Fresno					0.00				146	73.00		73.00
2/23/12	11:30 p.m.	Fresno-SLO					0.00				146	73.00		73.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
							0.00					0.00		0.00
			0.00	0.00	48.47	0.00	0.00	48.47	0.00	0.00	292.00	146.00	0.00	194.47

STATE (CPSU)	Acct	Fund	DeptID	Prog	Class	Proj	Amount	CPSU Advance Received
	60600	91001	108000				146.00	

CAL POLY CORPORATION (CPC) AND OR FOUNDATION (FDN)	OrgKey	ObjectCode	Amount	CPSU Total
				146.00

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with applicable California State University procedures 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 rates exceed 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, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE <b>3-1-12</b>	DEPARTMENT CHAIR APPROVAL 	DATE <b>3-7-12</b>	DEAN'S OFFICE APPROVAL 	DATE <b>3/10/12</b>
PRINT NAME <b>MANZAR FERZHAR</b>		PRINT NAME <b>ANDREW MORRIS</b>		PRINT NAME <b>DEBRA VALENCIA LAVER</b>	

Rates for Lodging, Meals and Incidental Expenses vary depending on whether you are traveling in the U.S. or internationally		Travel Expenses paid on your behalf i.e. you are not claiming these expenses for reimbursement Airfare Costs \$0.00 Conference Fees \$0.00 Rental Car Expenses \$0.00 Other Expenses \$0.00 Subtotal \$0.00
Rates for U.S. travel	See the grid on the rates tab	
Rates for international travel	<a href="http://aoprak.state.gov/web920/per_diem.asp">http://aoprak.state.gov/web920/per_diem.asp</a>	