

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.

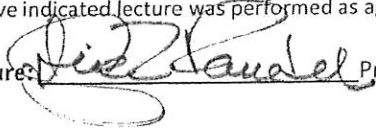
Lecturer's Signature:  Print Name: Ilan Pappe Date: 02/20/2012

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

Guest	Reservation: 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
660041	48501	10044
Acct: 660041	Fund 48501	Dept ID 10044
Class: 660041	Project/Grant: D11AC0689	Program 9999
Requisition No. or description: D11AC0689	(not required)	
Print Name: Cynthia Rawicki	Date: 2-14-12	
Signature: [Signature]	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 Pistolessi, David Klein, Maria Pistolessi

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)