



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: Requestor Name	CSUSM Email: Requestor Email Here
Department: Department Information Written Here	

Hospitality/Event Info	
Description/Title of Event or Program: At Risk for Autism Study	
Please explain the business purpose of this expense and the benefit to the CSU: Business purpose and benefit to the University written here.	
Event Start Date: 02/01/2023	Event End Date: 02/28/2023
Location/Venue of Event: Online Questionnaire	

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

Will there be Food and Beverage at this event? No

Will there be Alcoholic Beverages at this event? No

Are gift cards part of the event? Yes

If yes, please include backup documentation that includes number of gift cards and dollar amount.

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 checked="" 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 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
	00000	0000				\$ 750.00
Vendor(s): Amazon Electronic Gift Card						
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: \$ 750

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

At-Risk for Autism Study

Study 2: \$50 per participant x 15 participants = \$750

Research Participants Needed!

Understanding Interactions Between Mothers
and Children With or At-risk for Autism

Are you a mother of a child diagnosed with ASD or
considered at-risk of ASD?

WE NEED YOUR HELP!

Eligible participants:

- Identify as a mother of a child with ASD
(or “at-risk” of ASD)
- Your child must be between 2 – 5 years old

Participation includes \$50 incentive for:

- Filling out a survey
(approx 45–60 min)
- Play-session with your child
(approx 30 min)

To sign up, please email:
sguadarrama@csusm.edu



Questions or concerns can be addressed to:

Sarah Guadarrama

Psychological Sciences Graduate Student

sguadarrama@csusm.edu

Faculty advisor: Dr. Janice Phung • jphung@csusm.edu

California State University San Marcos