



CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS ASSOCIATED STUDENTS INC.

Associated Student Inc.

Effective Date: <Office Use Only>

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Procedure on ASI Request for Goods and Services

Intent: To provide an efficient and consistent means to any group wanting to use ASI funds to request goods and services to be purchased.

Background: In order to maintain the integrity of the Request for Goods and Services (RGS) form a process is to be established within ASI.

Accountability: Advisors for clubs/organizations, Coordinator of Student Leadership Programs, ASI Support Coordinator, Director of Leadership, Career and Health, Dean of Students and the Vice President for Student Affairs.

Applicability: Faculty, staff, student clubs and organizations, and ASI entities that wish to use ASI funds to request goods and services.

Procedure: The requestor will complete the request for goods and services (RGS) form and attach a quote from the vendor.

ASI/ Faculty/ Staff:

The completed form and quote should be deliver to the ASI Support Coordinator where the following procedures will be carried out:

- The ASI Support Coordinator will log the form within the Student Life Log located on the Student Services hard drive.
- The original RGS form will be date stamped and sent to the Assistant to the Dean for signature.
 - The Check Request will be sent to the Vice President for Student Affairs for signature if the class code is within the 600 or 700 series.
- Once the form has all necessary signatures it will be returned to the ASI Support Coordinator.
 - Copies will be made for the following areas: ASI, Student Leadership, Career and Health Services, and the requestor.
 - The original and all copies will be hand delivered to the Procurement Department where they are to be date stamped by a Procurement employee.
 - ASI will forward the copies to the areas previously specified.

Clubs and Organizations

The RGS form should be picked up and dropped off at the S.E.A.L. Center once an advisor's signature is obtained. The Coordinator of Leadership Programs will then deliver the form to the ASI Support Coordinator where they will carry out the process states above.

Approved:

_____ Date: _____

Club President

Approved:

_____ Date: _____

Club Advisor

Approved:

_____ Date: _____

Interim Director ASI