

1. Program T	le
	eLIFE MnM Mixer
2. Student O	anization Name
	A STATE OF THE PARTY

				Associated Engineering Student Body		
3. Indicate the period(s) in whi	ch the program will ta	ike place		4, Estimated Att	endance	
X July 1 through Nov		December 1 through I	Eehruary 28 Y M	arch 1 through June 30	200	
4. Where will the program be h		December 1 through	Cordary 20 X	aron i unoughi unic oc	200	
general control of	promise discussioning	processor and		Security-secretaries Security		
X Student Union	Soroptimist H	ليبسينا	Performing Arts Center	* The Pyramid*	Other	
*If requesting a waiver of rental fees for the	Pyramid or Performing Arts Ce	nter, please complete the Fac	ility Waiver Rental Request.			
5. What type of program is this	? Please select from	the drop-down list pr	ovided. Mixer			
will the program take? What topic or issue was possible in the space provided. Refer to the space provided that the space provided the space provided. Refer to the space program is New Leaders In Freshman MnM mixer provid	will be addressed? If known, where Evaluation Criteria tab to refer to the Evaluation Criteria table tab	co will be your featured speake view the criteria ASI will use to (e-LIFE) will be the eLIFE freshork. The mixer v	hosting their 2 homen, their me will take place i	en provide a brief description of the program in the text be, indicate the number of years the program has been in each of the number of years the program has been in each of the number of years the program has been in each of the number of years the number of years the number of years the number of years the number of the	e mixer. The nization	
fundraising. Column C will calcu requesting from the Associated St term "OFF" will appear to the right.	late automatically. This	represents the amount	of funds you are	here must equal the total of Column B und error message will appear.	er item 7. Otherwise, an	
	(A) Total Program	(B) Other Sources	(C) Amount	Source of Funds from Column B	Amount	
Expense Category	Cost	of Funds	Requested*	Admission Charges/Ticket Sales		
Flyers			\$0	Membership Dues	\$120	
Newspaper Ads			\$0	Office of the President/Vice Pres		
Posters	1.00		\$0	Academic Department or College		
Printed Materials			\$0	49er Shops, Incorporated		
Program Supplies			\$0	Instructionally Related Activities		
Group Travel**			\$0	Donations		
Conference Fees			\$0	Other		
Equipment Rental			\$0	TOTAL	\$120	
Facility Rental	\$250	\$0	\$250			
Honoraria/Service Contracts			\$0	*If the total amount requested from ASI meets or exceeds \$3,000 you MUST also complete a Major Program budget worksheet.		
Equipment Purchase			\$0	**You MUST complete a Travel Estimate worksheet if requesting funds		
Repairs & Maintenance			\$0	for Group Travel	orksneet ii requesting runus	
Subtotals	\$250		\$250	***The total amount requested for Refreshments may NOT exceed 20% of the Subtotal of funds requested from ASI.		
Refreshments***	\$120		\$0			
TOTALS	\$370	\$120	\$250			
by all regulations and rules of the Associat	ted Students, Incorporated as e to audit by the Associated Stu	expressed in the Grant Applica dents, Incorporated. We agree	tion Packet and in the Grant A	#  Ill sources of revenue whether received or anticipated. The dministration Handbook. We understand that revenues re audits as a condition of receiving and expending Associa	ceived and purchases made in	
Student Preparer's Signal	ture					
Hernandez		Daniel		President		
Last Name		First Name		Title		
president@aesb.org		ragtivania	323-540-7120			
E-Mail Address	9/			Contact Phone Number		
L-Ividii Addiess						
1/03/			Matt Cabrera	x54966		