



University Diversity Committee

Notice of Event Completion Request to Process Payment and/or Transfer Funds

Date _____ Transfer funds _____ Paid to performer _____

Event Name _____

Guest lecturer/performer or item funded _____

Name of sponsoring department _____ Phone _____

Account number to transfer funds _____

Date of event _____ Time of event _____

Location of event _____ No. in attendance _____

Please attach a copy of the program or flyer of the event. **Failure to submit this form with appropriate attachments (flyer/program) within 60 days following the event will cancel your UDC funding.**

I certify that the event above has concluded and request payment/reimbursement be processed as indicated.

Signature _____

Print name of signer _____

☐ If submitted via email, checking this box is the equivalent to my signature.

Submit this form to Kameran Bateman either by e-mail at kbateman@csusb.edu or deliver to Library Administration, PL 2006.