



# A.S. CHECK REQUEST ELECTRONIC PACKET

Page 1 of 2 (Must be Typed; complete & submit both pages with attachments)

- Allow a minimum of 7-10 business days for processing.
- Submit a complete & accurate electronic packet to: [OSL@SMC.EDU](mailto:OSL@SMC.EDU)
- Incomplete or inaccurate packets will be returned to you and it may delay payment.

Date Received in A.S.

A.S. Issued Number

## Step #1 Identifying Information

Club / Dept. Name: \_\_\_\_\_ if applicable, Event Date & Time: \_\_\_\_\_

Proposal Number: \_\_\_\_\_ Proposal Title: \_\_\_\_\_  
(See A.S. Board Minutes) (Should match the Proposal / A.S. Board Minutes)

## Step #2 Attach Minutes: Proof of Approved Purchase and Funds (check off the column(s) that apply to your funding)

Section #A. <input type="checkbox"/> Paid by A.S. or ICC Funds	Section #B. <input type="checkbox"/> Paid by Club Special Account Funds
<input type="checkbox"/> 1. A.S. Board Meeting (Final Approval)  <b>Date:</b> _____  <input type="checkbox"/> 2. Attach the single page of the A.S. Board Minutes showing Final Approval of your A.S. Proposal. <input type="checkbox"/> 3. Highlight your item.  <ul style="list-style-type: none"> <li>• Purchases or services made without an A.S. Board Meeting "final approval," will not be reimbursed by A.S. or ICC funds.</li> <li>• The Santa Monica College is not responsible for material or services purchased without proper authorization.</li> </ul>	<input type="checkbox"/> Attach Club Meeting Minutes, to include the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. A single page with a header: your club name, "Club Minutes," and date of meeting.</li> <li><input type="checkbox"/> 2. Approved Item or Expenditure: the approved item(s) to be purchased, the approved dollar amount, and the voting outcome (yes/no/abstain votes).</li> <li><input type="checkbox"/> 3. Highlight: the item you are requesting reimbursement or to purchase.</li> <li><input type="checkbox"/> 4. A club officer's Printed Name, Title, &amp; Signature.</li> <li><input type="checkbox"/> 5. The full-time Advisor's Printed Name &amp; Signature.</li> <li><input type="checkbox"/> 6. Or, you may attach a completed ICC Blank Minutes form located on our A.S. Website in the ICC Section. The Blank Minutes form contains all the required fields for a Club Minutes Page.</li> </ul> <ul style="list-style-type: none"> <li>• Purchases or services made without a club voting approval will not be reimbursed by the club special account, nor by A.S. / ICC /SMC funds.</li> </ul>

## Step #3 Attach documents for the Type of Check (Check off one column & applicable items in that column)

Section #A <input type="checkbox"/> REIMBURSEMENT <i>(You've paid for an approved item &amp; you'd like your money back)</i>	Section #B <input type="checkbox"/> PURCHASE <i>(Make a direct payment to a Vendor)</i>
<input type="checkbox"/> <b>Student Reimbursement:</b> SMC Student ID# _____ <input type="checkbox"/> 1. Students can only submit their own *Receipts. <input type="checkbox"/> 2. If Club Proposal: a club officer & full-time club advisor must sign this form. <input type="checkbox"/> 3. If Dept. / Program Proposal: the dept. / program supervisor will sign as the advisor and leave the student officer signature blank.  <input type="checkbox"/> <b>SMC Employee Reimbursement:</b> <input type="checkbox"/> 1. can submit their own *Receipts, or if necessary, group reimbursements <input type="checkbox"/> 2. If Club Proposal, a club officer's signature, and <input type="checkbox"/> 3. Instructional Faculty = Dione Carter, Dean of Academic Affairs' signature, or <input type="checkbox"/> 4. Counseling Faculty = Janet Robinson, Dean of Counseling's signature <input type="checkbox"/> 5. Managers / Dean = Dept. Supervisor / area V.P.'s signature <input type="checkbox"/> 6. If Department / Program Proposal: same rule as above for faculty & managers/deans, and for a Staff member = Department Supervisor's signature.  <b>*Receipts must have the following information:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Vendor's Name and Contact Information</li> <li><input type="checkbox"/> 2. Purchase Date</li> <li><input type="checkbox"/> 3. Itemized (list of items purchased)</li> <li><input type="checkbox"/> 4. Price &amp; Quantity per Item</li> <li><input type="checkbox"/> 5. Taxes / Shipping &amp; Handling / Other costs</li> <li><input type="checkbox"/> 6. Total amount paid</li> <li><input type="checkbox"/> 7. Form of payment</li> <li><input type="checkbox"/> 8. for credit/debit cards, show the last four-digits of the card used.</li> </ul>	<input type="checkbox"/> <b>Vendor Invoice:</b> must contain the following information: <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. The word "INVOICE" on the document.</li> <li><input type="checkbox"/> 2. Invoice number</li> <li><input type="checkbox"/> 3. Company name &amp; contact information</li> <li><input type="checkbox"/> 4. Contact person or sales representative</li> <li><input type="checkbox"/> 5. Itemized (list of items to be purchased)</li> <li><input type="checkbox"/> 6. Price &amp; Quantity per item</li> <li><input type="checkbox"/> 7. Taxes / Shipping &amp; Handling / other fees</li> <li><input type="checkbox"/> 8. Total amount due</li> <li><input type="checkbox"/> 9. If Services are to be included, either the vendor provides their contract or you may use the A.S. Contract Packet- see Contractor section below.</li> </ul> <input type="checkbox"/> <b>Vendor's W-9 Tax form:</b> required with invoices. The tax form must have a signature date in the current year. Ask the vendor's manager for the tax form.  <input type="checkbox"/> <b>Contractor:</b> paying a Speaker / Performer / Other Services: <ul style="list-style-type: none"> <li><input type="checkbox"/> attach a completed A.S. Contract Packet: 2 forms, located on our A.S. Website, go to the webpage titled- Forms &amp; Documents.</li> </ul>

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## Step #4 Information on the Check: Who will receive the check / payment?

Payee (person to receive this check): \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Signature for Individual Reimbursement Check only**, (signature not required for vendors or contractors):

- I acknowledge that the attached documents and amount of reimbursement is true and correct, and
- I am the Payee (person to receive this check).

Payee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Step #5 Expenditure List: Funds can only be used for the approved items & approved amount.

Section #A - SHORT DESCRIPTION by Receipt or Invoice, group receipts if necessary: Examples: 5 Amazon Receipts-Books, Tap Inc.-Invoice #125, Contractor Services-DJ, etc.	Section #A - Account Type (check one for each line)	Section #A Amount
Line #1.	<input type="checkbox"/> -A.S. / <input type="checkbox"/> -ICC	\$
Line #2.	<input type="checkbox"/> -A.S. / <input type="checkbox"/> -ICC	\$
Line #3.	<input type="checkbox"/> -A.S. / <input type="checkbox"/> -ICC	\$
Line #4.	<input type="checkbox"/> -A.S. / <input type="checkbox"/> -ICC	\$
<b>Section #A Subtotal</b>		<b>\$</b>

  

Section #B - CLUB SPECIAL ACCOUNT - Our club special account will fund the expenditure(s) stated below:	Section #B Amount
Line #1.	\$
Line #2.	\$
Line #3.	\$
Line #4.	\$
<b>Special Instructions:</b>	<b>Section #B Subtotal</b>
	<b>\$</b>
<b>GRAND TOTAL →</b> <small>(Add Sub-totals of Sections #A &amp; #B)</small>	
	<b>\$</b>

## Step #6 Authorized Signatures: Do NOT sign this section if the check or payment is for you.

**STUDENT OFFICER INFO** (must be registered with the A.S. Office)

Name: \_\_\_\_\_ SMC Email: \_\_\_\_\_@student.smc.edu

Student Officer Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SMC AUTHORIZED SIGNATURES** (according to SMC BOT Policy)

- For Club Student Reimbursements or Club Vendor Payments = Club Full-Time Advisor's Signature.
- For Instructional Faculty Reimbursements = Dione Carter, Dean of Academic Affairs' Signature.
- For Counseling Faculty Reimbursements = Janet Robinson, Dean of Counseling's Signature.
- For Classified Staff Reimbursements = Department Supervisor's Signature.
- For Manager Reimbursements = Department Supervisor's Signature.
- For Dean Reimbursements = Area V.P.'s Signature.
- For Department Vendors = Department Supervisor's Signature.

Name: \_\_\_\_\_ Ext: \_\_\_\_\_ Dept.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Step #7 Review & Submit a Complete Packet Electronically (hardcopies will not be accepted)

- 1. Ensure that this form is complete.
- 2. Ensure that this form is accurate.
- 3. Ensure that all documents are attached to this form and they are complete and accurate.
- 4. Send this Check Request with all the applicable attachments, in a **SINGLE PDF FILE**, to the A.S. Office through the Office of Student Life email: [OSL@SMC.EDU](mailto:OSL@SMC.EDU)
- 5. Any information/document that is incomplete/inaccurate will be asked to be re-submitted & may delay the process.