



Date Received in A.S.:

A.S. Issued Number

# A.S. Check Request: Electronic Packet

Submit a complete Electronic Packet to the A.S. Office through the Office of Student Life email: OSL@SMC.EDU  
 Allow a minimum of 7-10 business days for processing.

## CHECK OFF LIST – a complete packet consists of the following applicable forms:

- Form #1:**  This A.S. Check Request form
- Form #2:**  Paid by A.S. or ICC Funds- A.S. Board Meeting Final Approval Date: \_\_\_\_\_  
 - attach A.S. Board Minutes item-page showing Final Approval of your A.S. Proposal, and highlight your item.  
 - purchases/services made without an A.S. Board Meeting "FINAL APPROVAL," will not be reimbursed by A.S. or ICC funds.  
 - The SMC College Management is not responsible for material or services purchased without proper authorization.
- Form #3:**  Paid by Club Special Account Funds- attach club minutes showing approval (see A.S. Website- ICC Section)
- Form #4:**  Performer/Speaker/Other Services- attach completed A.S. Contract Packet (2 forms, see A.S. Website)

**Form #5: REIMBURSEMENTS:** Reimbursements are ONLY paid to SMC CURRENTLY enrolled students or employed staff.

- Student Reimbursement- Checks issued to students must be mailed, Required SMC ID# \_\_\_\_\_  
 - Students can only submit their own \*Receipts. Group Reimbursements by Advisors only.
- Advisor/Staff Reimbursement- \*Receipts  
 - Can pick up their own or vendor check if necessary. Contact Name & Ext #: \_\_\_\_\_  
 - Cannot sign their own reimbursements, Office of Student Life (OSL) designated staff may sign for the FT Advisor.
- \*Receipts Must Have the following information:**
1. vendor Name,
  2. one form of contact info,
  3. date of purchase,
  4. items purchased,
  5. price of each item
  6. quantity of each item,
  7. total amount paid,
  8. form of payment, and
  9. for credit/debit cards- show the last four-digits of card used.

**Form #6:**  Purchases- 1) Vendor Invoice & 2) W-9 Tax Form with a current year signature date.

- Vendor Invoices must have the following information:**
1. INVOICE typed on the invoice
  2. invoice number,
  3. vendor name,
  4. vendor contact info,
  5. items ordered,
  6. price of each item,
  7. quantity of each item,
  8. shipping & handling, or any other fees, and
  9. total amount due.

### Required Identifying Information

1. Club or Department Name: \_\_\_\_\_

2. Proposal Number: \_\_\_\_\_

3. Proposal Title: \_\_\_\_\_

4. Event Date: \_\_\_\_\_

5. Event Time: \_\_\_\_\_

6. Event Location: \_\_\_\_\_

**Do Not Sign this form if the Check will be issued to you.**

Name on the Check: \_\_\_\_\_ PH: \_\_\_\_\_

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

SHORT DESCRIPTION: Example: t-shirts, food, DJ services, flowers, invoice #123abc, etc.	Account (A.S. / ICC)	Amount
		\$
		\$
		\$
		\$

CLUB SPECIAL ACCOUNT: Our club special account will fund the following expenditure(s) stated below:	Amount
	\$
	\$

Special Instructions:	<b>GRAND TOTAL →</b> Add all the expenditure rows.	\$
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### STUDENT OFFICER INFO (must be registered with the A.S. Office):

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FULL-TIME ADVISOR (if Dept. Req. = Staff Signature)

Name: \_\_\_\_\_ Ext: \_\_\_\_\_

Dept.: \_\_\_\_\_ Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_