



A.S. Office Received Date:

A.S. Issued Requisition Number:

# A.S. REQUISITION – Must be Typed

1. Complete this PDF Online with all required Signatures.
2. Attach all supporting documents.
3. Submit all originals to the A.S. Office through the Office of Student Life email: OSL@SMC.EDU
4. Allow a minimum of 7-10 business days for processing.

## Check Distribution (check one):

☐ Mail Check (Checks issued to students must be mailed, also- must add student SMC ID# \_\_\_\_\_)

☐ Pick Up Check – ONLY by Staff/Advisor. Name & Ext #: \_\_\_\_\_

**\*Type of Check (check one) attach the applicable additional paperwork: (NO CASH ADVANCES- PLAN AHEAD).**

☐ Vendor Check (Attach an Invoice, W-9 Tax Form completed & signed by the Vendor)

☐ Performer/Speaker/Other Services (attach "A.S. Contract Packet – 3 forms, see A.S. Website)

☐ Reimbursement Check (Students can only submit their own original receipts) (Group Reimbursements by Advisors only)

NOTE: Reimbursements are ONLY paid to Santa Monica College CURRENTLY enrolled students or employed staff.

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

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

Club Name or Dept.:	Proposal Number:	Proposal Title:
Event Date and Time:	Event Location:	Type in the A.S. Board Meeting "final approval" Date: also- attach the item-page of the A.S. Board Minutes.
<b>SHORT DESCRIPTION:</b> Remember to Attach Original Receipts- must show proof of purchase. Example: t-shirts, food, DJ services, flowers, invoice #123abc, etc.		<b>Account</b> Club ICC Allotment or A.S. Acct.
		<b>Amount</b>
		\$
		\$
		\$
<b>CLUB SPECIAL ACCOUNT</b> will fund expenditure(s) stated below: (Club minutes must be attached- stating club approval.)		<b>Amount</b>
		\$
Special Instructions/Note:		<b>GRAND TOTAL</b> ➔ \$

**Important!**

- Purchases 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.
- Do NOT sign this requisition if the check will be issued to you.
- If the check is for the Club Full-Time Advisor, the following options are available:
  - If the club has a second FT Club Advisor registered with A.S.- their signature is accepted.
  - Office of Student Life (OSL) designated staff may sign for the FT Advisor (an email from the advisor may be requested by OSL).

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

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

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

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

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

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

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

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

## A.S. OFFICE & SMC AUXILIARY OFFICE USE ONLY

A. 02 - \_\_\_\_\_ - \_\_\_\_\_ - 00 = \$ \_\_\_\_\_ A. Line Item \_\_\_\_\_  
Fund Gen. Ledger Accts. Sub-Fund Program Sub

B. 02 - \_\_\_\_\_ - \_\_\_\_\_ - 00 = \$ \_\_\_\_\_ B. Line Item \_\_\_\_\_  
Fund Gen. Ledger Accts. Sub-Fund Program Sub

C. 02 - \_\_\_\_\_ - \_\_\_\_\_ - 00 = \$ \_\_\_\_\_ C. Line Item \_\_\_\_\_  
Fund Gen. Ledger Accts. Sub-Fund Program Sub

D. TOTAL amount to be PAID on this A.S. REQUISITION = \$ \_\_\_\_\_

A.S. Date SENT to AUX:

Approved: No.

A.S. Dir.-Bdgt. Mngmnt. / Designee Sig. Date

SMC Administrator Signature

Assoc. Dean- Office of Student Life/ Designee Sig. Date