



Check Requisition

- Mail Check:
- Pick-up Check:
- Send Inter-office:

Today's Date: _____

INVOICE Date: _____

INVOICE Number: _____

Name on Check: _____

Address: _____

City, ST ZIP: _____

Program Information:

SMC Department: _____

SMCF Program Description: _____

SMCF Program ID: _____ (5 digit code)

Description of Materials/Services	Acct. No.	Amount	Transaction Code (if any)
TOTAL			

Signature Authority:

Level 1* – Requisitioner's Name	SIGNATURE	DATE
Level 2* – Dept. Head, Prog. Dir. or Manager's Name	SIGNATURE	DATE
Level 3 – Vice President's Name	SIGNATURE	DATE
Foundation Authorization's Name	SIGNATURE	DATE

* I certify that the expenditures incurred are appropriate to this account and no other source or reimbursement will be claimed. My signature above also certifies that the activity or item for which payment is requested supports the educational mission of Santa Monica College and complies with pertinent SMC Foundation policies. Items were received in good condition or services were rendered satisfactorily.