SANTA MONICA COLLEGE
FOUNDATION

Emergency Relief Check Requisition
**Please attach all supporting documentation including, but not limited to
Vendor Invoice, Student Application, Committee Approval, etc.**

Pay Vendor Directly:

Mail Check:

Pickup Check:

Send Interoffice:

Today's Date:

Invoice Date:

Vendor Invoice Number:

Vendor Name:_____

Mailing Address:_____

Area Code/Phone Number:_____

Requesting Department:_____

Funding Source

Basic Needs Emergency Relief Fund Account #41667	**Parenting Student Emergency Relief Fund Account #62525**	**S.T.A.R. Fund Account #80365**

Student's First & Last Name	**SMC Student ID #**	**Email**	**Amount**

Signature Authority:

By signing, 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.

LEVEL 1 – REQUISITIONER'S NAME	SIGNATURE	DATE
LEVEL 2 – VICE PRESIDENT OF STUDENT AFFAIRS	SIGNATURE	DATE
FOUNDATION AUTHORIZATION (ACCOUNTING MANAGER OR PRESIDENT)	SIGNATURE	DATE