SANTA MONICA COLLEGE
FOUNDATION

Travel Reimbursement Requisition

NOTE: District travel must be approved in advance in order to be reimburseable. Contact Fiscal Services for the relevant form(s).

Today's Date: 03/30/2026 **Invoice Date:** _____ **Vendor Invoice Number:** _____

Payee Information

Note: If this is a first time payee, an IRS form W9 is required. Click here to download the form.

Name on Check: _____

Address: _____

Street **City** **State** **Zip**

Email: _____ **Phone:** _____

Send via Mail ○ **Send via Inter-Office** ○ **Pay Via ACH** ○ **(click here for the SMCF ACH Form)**

SMCF Program Information

Program Name: _____

Program ID: _____ **(5 digit code)**

Description of Materials/Services	Purpose	Amount
		$ 0.00

Signature Authority:

_____ _____
Level 1* – Requisitioner's Name **SIGNATURE**

_____ _____
Level 2* – Dept. Head, Prog. Dir. or Manager's Name **SIGNATURE**

_____ _____
Level 3 – Vice President's Name **SIGNATURE**

_____ _____
Level 4 – District President or CBO Name **SIGNATURE**

_____ _____
Foundation Authorization's Name **SIGNATURE**

* 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.

Form Field	Comment/Instructions
Today's Date	Date the form is being filled out. Prefills with the date the document is started.
Invoice Date	Use the date on the invoice from the vendor. If reimbursement for multiple receipts, use the date from the most recent receipt. When in doubt, use today's date.
Invoice Number	Use the number on the invoice from the vendor. If none, leave blank
IRS Form W9	Required for all new vendors. Click here to dowload the form.
	Payee Information
Name on Check	Name of entity/person the check is made payable to.
Address/City, ST Zip	The address of the payee. Required even when delivering via interoffice or paying electronically.
Email & Phone	Both are required.
Mail Check	The printed check will be sent to the address above.
Send Via Inter Office to:	Provide the department and the name of the employee who should receive the check. This should be used primarily for employee reimbursements or instance where event vendors must be paid in person. All others should be paid via ACH.
Pay via ACH	click here to download the SCMF ACH form.
	SMC Program Information
Program Name	Name of the fund paying.
Program ID	5 digit code for the fund paying. If not known, contact the Foundation.
Description of Materials/Services	Short description for what is being paid for. Eg. "Marketing Materials". One vendor per line. If additional space is needed, attach a spreadsheet and enter "See Spreadsheet" and enter total amount from the spreadsheet.
Purpose	Short explanation of why the expense is needed, eg. "To promote "Name of the Event," "Name of the Course" on mm/dd/yy" Enter one per line. If the expense is for food: Please include a headcount and list of attendees. Purpose of the food, eg "Volleyball team pre-game dinner"
Amount	Exact cost of expense or reimbursment. Must match the invoice(s)/receipt(s)