



President's Innovation Fund Reimbursement/Payment Form

To: President's Office

Please fill out this form completely. Attach all receipts or invoices taped to a piece of white paper and include with this document. If you are being personally reimbursed for multiple purchases, please use total line for the amount of the check to be cut. If multiple checks need to be cut, include all mailing addresses. Individuals that are being paid for services that are not a SMCCCD employee, must complete a W-9 form. A current W-9 form may be found at: <http://www.smccd.edu/portal/> under downloads, Purchasing/General Services, Independent Contractors. Return all completed request forms to the President's Office.

Title of Project	Requested by (Name, Title & extension/e-mail)	Amount Funded:
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PFE GOAL DESCRIPTION AND JUSTIFICATION (if needed:

Check to be made out to & mailing address	General Description of expense	Amount to be paid:
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1. _____
2. _____
3. _____
4. _____
5. _____

Total amount: _____

Date: _____	Faculty/Staff: _____	Dean/Departmental Supervisor: _____
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*****You are expected to spend funds by June 30, 2012*****