

**SANTA MONICA HIGH SCHOOL PTSA**  
**WARRANT/CHECK REIMBURSEMENT FORM**

(WARRANT TO PAY BILL)

Check #

Date Paid:

**For Treasurer Use Only**

Pay to: \_\_\_\_\_

Grantee (club, organization): \_\_\_\_\_

House: \_\_\_\_\_

Address (if mailing): \_\_\_\_\_

Email Address: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_ Mini Grants

Items to be reimbursed:

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____

Total: \$ \_\_\_\_\_

**APPROVAL:**

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

**Please attach original invoices or sales receipts to this request and place in the**

**PTSA Treasurer Box in AD400 (near Ms Springer).**

For questions re: PTSA Mini-Grant Program reimbursements, please contact  
[samohiptsaminigrants@gmail.com](mailto:samohiptsaminigrants@gmail.com)