

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