

SANTA MONICA HIGH SCHOOL PTSA
WARRANT/CHECK REIMBURSEMENT FORM

(WARRANT TO PAY BILL)

Pay to: _____

Grantee (club, organization): _____

House: _____

Address (if mailing): _____

Email Address: _____

Budget Line Item: **2019-20 PTSA MINI-GRANTS** _____

Items to be reimbursed:

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

Total: \$ _____

APPROVAL:

President : _____
Nicole Faries

Secretary: _____
Joyce Mueller

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 Kate Winegar (katewinegar@icloud.com, 310-699-7463).