



Warrant / Check Request

Check No: _____

Date: _____

The Treasurer of Santa Monica-Malibu PTA Council

Will Please Pay		
	AMOUNT	\$
For		
Please mail check to		
Enter accounts/ categories and amounts for each receipt		
	TOTAL	\$

Approved by:

President: _____ Date: _____
Jennifer Smith, SMMPTA President 2017-18

Secretary: _____ Date: _____
Claudia Seizer, SMMPTA Secretary 2017-18

Please attached original receipts/invoices and mail to:

SMMPTA Council
ATTN: Diana Oliver, Treasurer
1651 16th Street
Santa Monica, CA 90404