

**Request for Reimbursement
Meridian High School PTSA ANGC**

Please complete all sections of this form, including signature, and return with receipt(s) to:

Diane Zanetti
Treasurer, Meridian HS PTSA
908 Lincoln Avenue, Falls Church, VA 22046

Date of Request: _____

Request made by: _____

Committee/Event: _____

Check one: _____ Budgeted Item
 _____ Approved at General Meeting _____ (Date)

Check payable to: _____

Address: _____

Amount: \$ _____

Brief description of item(s) purchased:

Receipt Attached? _____ Yes _____ No
Signature: _____

for PTSA use only
Check # _____ Date _____ Initial _____