

PPA Payment Reimbursement Form

Name: _____

Address: _____

Phone Number: _____

PPA Committee/Event: _____

Committee Chairperson: _____

Signature: _____ Date: _____

Please attach a copy of your receipts.

Total Reimbursement Amount: \$_____

Forms should be submitted to the 2018-2019 PPA Treasurer:

Stephenie Suggs
Washington High School
Patrons of Performing Arts
2205 Forest Dr SE
Cedar Rapids IA 52403