

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