



# BOOSTERS

HOOVER HIGH SCHOOL  
651 GLENWOOD ROAD, GLENDALE, CA 91202

## Request for Reimbursement

Attach all receipts to this request.

<b>Name</b>	
<b>Address</b>	
<b>City, ZIP</b>	
<b>Telephone</b>	
<b>Email</b>	

**Expense Reason:** \_\_\_\_\_

Item	Expense Description	\$ Amount
1		
2		
3		
4		
5		
Total Expense		
Minus Advance Received		
Minus Unclaimed (Donate to Boosters)		
Plus Refund to Boosters (Enclose Check)		
<b>Reimbursement Claimed</b>		

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**President Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_