

**Wootton High School Booster Club
Expense Reimbursement Form
School Year: 2007-2008**

DATE OF REQUEST: _____

PERSON REQUESTING REIMBURSEMENT: _____

ADDRESS OF PERSON REQUESTING
REIMBURSEMENT: _____

PHONE NUMBER OF PERSON REQUESTING
REIMBURSEMENT: _____

AMOUNT REQUESTED TO BE REIMBURSED: _____

PURPOSE OR EXPENSE INCURRED: _____

COMMENTS: _____

Please contact Bob Cohen, Booster Treasurer, (301-424-0119) if you have any questions.

Mail requests and **original receipts** to: Bob Cohen, Booster Treasurer
11213 Welland Street
North Potomac, MD 20878