



FOOTHILL COLLEGE

EOPS Department Book Voucher

Name: _____
Last First MI

CWID: _____
Student ID

Staff: _____

Ext: _____

Note: _____
☐ 1 ☐ 2 ☐ 3 ☐ 4

Course	Sec.	Book Title- Required Textbook Only	Bkst Initial

Student's Signature: _____

Authorized by: _____ Void after: _____