

**Application for Refund of State Sales Tax**  
**Blue Star Mothers of America, Inc.**

Period/Quarter \_\_\_\_\_

Supplemental Page

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Chapter:	FEIN:	Contact Name:	Email:
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**Receipt/Invoice Detail**

Date of Purchase	Vendor Name	Street Address	City/Zip	Taxable Sales
<b>Sub Total of this Page</b>				\$