Form 13-9-B
12-2007

Application for Refund of State Sales Tax

Blue Star Mothers of America, Inc.

Period/Quarter_____

Supplemental Page

Page _____ of _____

Chapter:	FEIN:	Contact Name:	Email:

Receipt/Invoice Detail				
Date of Purchase	**Vendor Name**	**Street Address**	**City/Zip**	**Taxable Sales**
			Sub Total of this Page	$