OLUES TAP	Blue Star Mothers of America, Inc. REIMBURSEMENT/DISBURSEMENT REQUEST								
National:   □     Department:      Chapter:									
Date of Purchase:		Amount of Purc					\$		
Description of Purc	hase:								
Reason for Purchas (mailing, admin., g	e: oods, etc.)								
<i>Please include you</i> Mail, email or pre	-								
Payment to be ma	iled to:			@					
Name: Address:									
Requestor's Printed	Name		Date			Requesto	r's Signati	ure	
* * * * * Approved by: Pres	* * sident					* * Date:			*
Financial Secretary If National, also: Finance Committee									
Finance Committee Check #	(Initials) (					(Initials) Issued		/	als)
Check sent for 2 <sup>nd</sup> s	signature to	):				Date s	ent:	(mu	
Payment sent/delive Method:	-	vee: Date: ] US Mail			By: _ Other _		, FedEx, e	tc.)	