

Buteyko Breathing Educators Association

Refund Request Form

Please complete each section fully, including signing attaching the required documentation

Make check payable to:

Dr. Mr. Mrs. Ms. Miss

Name (First, Initial, Last:

Business Name:

Address:

City:

State/Prov:

Zip/Postal:

Country:

Phone:

Email:

Requested by: Same as above OR

By checking the box below or signing, you are certifying that all information recorded on this request and attached documents, or documents you send are accurate and support your request for a refund.

OR _____
Signature (if mailing)

Date Requested:

Amount:

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To Be completed by BBEA office only

Approved by Executive Board Member:

Approved Date:

By checking the box below or signing, the Board Member above is certifying that s/he has reviewed the information and approves the above request for reimbursement of funds.

OR _____
Signature

If you have questions about completing this form, please contact Carol Baglia, BBEA Secretary/Treasurer at 216-952-7048 or carol@correctbreathing.com

For office use only:

Check number:

Date:

Accounting code: