

EXPENSE REPORT EXAMPLES

The following pages contain four applicant reimbursement examples. Each applicant's specific reimbursement requirements and circumstances are provided, accompanied by a corresponding expense report reflecting this information. Following the fourth sample report, images of itemized receipts are included as examples of the appropriate format and content for submission.

Applicant A

- **Reimbursement Eligibility: Did not elect waiver/not eligible for waiver**
Nonrefundable travel and lodging expenses, meals, change fees, and other reasonable expenses determined to be bar-exam related.
- **Travel Mode(s):** Personal vehicle
- **Dates of Travel:**
 - **Arrival in Yakima, WA:** afternoon on Monday, July 27, 2026
 - **Departure from Yakima, WA:** afternoon on Wednesday, July 29, 2026
- Original lodging was booked for 2 nights, beginning on July 27, 2026, and Applicant extended their original stay by one night in anticipation of needing to extend the test to a third day. The third night was nonrefundable.

EXPENSE REPORT CATEGORIES:

- **Transportation: Auto Mileage**
 - Applicant drove from their home in Seattle, WA to the Holiday Inn in Yakima, WA on Monday, July 27, 2026 with a return trip via the same route on Wednesday, July 29, 2026.
- **Meals: (all amounts inclusive of tax and tip)**
 - Applicant arrived in Yakima, WA the afternoon of Monday, July 27, 2026, and incurred dinner expenses of \$35.
 - On Tuesday, July 28, 2026, Applicant incurred meal expenses for breakfast (\$20), lunch (\$25), and dinner (\$35).
 - On Wednesday, July 29, Applicant incurred meal expenses for breakfast (\$20) and lunch (\$25).
- **Lodging: (all amounts inclusive of taxes and fees)**
 - Applicant stayed a total of 2 nights (July 27-28, 2026) at cost of \$155 per night.
 - Applicant booked a nonrefundable stay for the third night (July 29, 2026) at a cost of \$170.

See second page for WSBA Expense Policy summary. Please fill out completely and legibly. Reimbursement checks will be payable *only* to the person incurring the expense, as documented by itemized receipts. If you incurred childcare expenses, please complete Reimbursement of Childcare for WA July 2026 Bar Exam. **Please email one PDF of this form and itemized receipts to 2026BarExamExpenses@wsba.org.**

Signed expense reports must be submitted by **October 15, 2026**

Make Check Payable to (Please print name): Applicant A			PLEASE SELECT ONE (terms of eligibility on page 3) Elected the waiver X Did not elect waiver OR not eligible for waiver
{00\$S0 !SS0\$00 000W\$00° /000! {0t0\$ 200 (Mail check to this address): 1325 4th Avenue, Seattle, WA 98101			
9 W0P: applicantA@test.org	NCBE 12345	t'00Q\$ (123) 456-7891	

By my handwritten or typed signature below, I certify that: (1) these expenses comply with the [WSBA Expense Policy](#) with the exception of the reimbursement for out-of-state travel as specifically allowable by the Board of Governors as part of the July 2026 exam reimbursement; (2) I am the person entitled to receive reimbursement for these expenses; (3) these expenses have not been reimbursed by any other source; (4) I am not seeking reimbursement for alcohol unless permitted by WSBA Fiscal Policy; (5) the information provided within this form is accurate and true. By accepting the travel reimbursement from the Washington State Bar Association (WSBA), the recipient releases and discharges any and all claims against WSBA, its officers, employees, agents, and volunteers arising out of or in connection with the travel, lodging, and with expenses related to the July 2026 bar exam reimbursed by the WSBA.

X: **Applicant A** Date: **08/14/2026**

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£o{0\$Pμ00t000	Auto Mileage	143.60 miles	miles	143.60 miles	miles	miles	287.20
	Total (\$ 0.76/mi)	\$109.14		\$109.14			\$218.27
	Ground Transportation, Parking, Tolls						
	Airfare (coach/economy only)						
a\$P0	Breakfast (up to \$23) *		\$20.00	\$20.00			\$40.00
	Lunch (up to \$26) *		\$25.00	\$25.00			\$50.00
	Dinner (up to \$38) *	\$35.00	\$35.00				\$70.00
[0\$°0° (up to \$200/night; \$225/ night in Seattle; + tax and fees) *		\$155.00	\$155.00	\$170.00			\$480.00
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£00tP0		\$299.14	\$235.00	\$324.14			\$858.27

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07/27/2026	1325 4th Avenue, Seattle, WA 98101	802 E Yakima Ave, Yakima, WA 98901 (Holiday Inn)
07/29/2026	802 E Yakima Ave, Yakima, WA 98901 (Holiday Inn)	1325 4th Avenue, Seattle, WA 98101

Applicant B

➤ **Reimbursement Eligibility: Elected the waiver**

Nonrefundable exam-related costs incurred in anticipation of needing to extend the test to a third day on July 30, 2026.

➤ **Travel Mode(s): Air**

➤ **Dates of Travel:**

- **Arrival in Yakima, WA:** afternoon on Monday, July 27, 2026
- **Departure from Yakima, WA:** morning on Wednesday, July 29, 2026

- Applicant extended their original stay by one night on Wednesday, July 29, 2026, in anticipation of needing to extend the test to a third day. The third night was nonrefundable.
- Applicant's original flight to return home was scheduled for Thursday, July 30, and was subsequently changed to the morning of Wednesday, July 29, 2026.

EXPENSE REPORT CATEGORIES:

- **Lodging: (including taxes and fees)**

- Applicant booked an additional night at the hotel on Wednesday, July 29, 2026, that was nonrefundable at cost of \$170.

- **Other Expenses: Airfare change costs**

- Applicant incurred expenses of \$250 on July 28, 2026 to change their flight due to the cancellation of the exam. Change costs are inclusive of change fees and the difference in flight fares.

See second page for WSBA Expense Policy summary. Please fill out completely and legibly. Reimbursement checks will be payable *only* to the person incurring the expense, as documented by itemized receipts. If you incurred childcare expenses, please complete Reimbursement of Childcare for WA July 2026 Bar Exam. **Please email one PDF of this form and itemized receipts to 2026BarExamExpenses@wsba.org.**

Signed expense reports must be submitted by **October 15, 2026**

Make Check Payable to (Please print name): Applicant B			PLEASE SELECT ONE (terms of eligibility on page 3) X Elected the waiver Did not elect waiver OR not eligible for waiver
{00\$S0 !SS0\$00 000W\$00° /000! {0+0\$ 200 (Mail check to this address): 1325 4th Avenue, Seattle, WA 98101			
9 W0P: applicantB@test.org	NCBE 23456	t'00\$ (234) 567-8910	

By my handwritten or typed signature below, I certify that: (1) these expenses comply with the [WSBA Expense Policy](#) with the exception of the reimbursement for out-of-state travel as specifically allowable by the Board of Governors as part of the July 2026 exam reimbursement; (2) I am the person entitled to receive reimbursement for these expenses; (3) these expenses have not been reimbursed by any other source; (4) I am not seeking reimbursement for alcohol unless permitted by WSBA Fiscal Policy; (5) the information provided within this form is accurate and true. By accepting the travel reimbursement from the Washington State Bar Association (WSBA), the recipient releases and discharges any and all claims against WSBA, its officers, employees, agents, and volunteers arising out of or in connection with the travel, lodging, and with expenses related to the July 2026 bar exam reimbursed by the WSBA.

X: **Applicant B** Date: **08/14/2026**

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£o{0μ000tÚ0Ú	Auto Mileage	miles	miles	miles	miles	miles	
	Total (\$ 0.76/mi)						
	Ground Transportation, Parking, Tolls						
	Airfare (coach/economy only)						
a\$P0	Breakfast (up to \$23) *						
	Lunch (up to \$26) *						
	Dinner (up to \$38) *						
[Ú\$°0° (up to \$200/night; \$225/night in Seattle; + tax and fees) *			\$170.00				\$170.00
hú'1\$0 9bμ\$0\$0 (itemize):		\$250.00					\$250.00
Airfare change costs							
£00tP0		\$299.14	\$170.00				\$420.00

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Applicant C

- **Reimbursement Eligibility: Did not elect waiver/not eligible for waiver**
Nonrefundable travel and lodging expenses, meals, change fees, and other reasonable expenses determined to be bar-exam related.
- **Travel Mode(s):** Air, rideshare
- **Dates of Travel:**
 - **Arrival in Yakima, WA:** afternoon on Monday, July 27, 2026
 - **Departure from Yakima, WA:** morning on Wednesday, July 29, 2026
- Applicant was charged for three nights of hotel but left after two nights. The third night was nonrefundable.
- Applicant traveled from out-of-state to attend the exam.

EXPENSE REPORT CATEGORIES:

- **Transportation:**

- Ground Transportation (including taxes, fees, and tip)***

- Applicant used a rideshare vendor for transport between home and the airport. The cost incurred was \$65 on Monday, July 27, 2026 and \$65 on Wednesday, July 29, 2026.
 - Applicant used a rideshare vendor for transport between the airport and the hotel in Yakima. The cost incurred was \$25 on Monday, July 27, 2026 and \$25 on Wednesday, July 29, 2026.

- Airfare***

- Applicant booked a nonrefundable round-trip ticket leaving on Monday, July 27, 2026 from San Diego, CA to Yakima, WA and returning on Thursday, July 30, 2026. Total cost paid for flight was \$575.

- **Meals**

- Applicant arrived in Yakima, WA the afternoon of Monday, July 27, 2026 and incurred meal expenses for lunch (\$25) and dinner (\$35).
 - On Tuesday, July 28, 2026 Applicant incurred meal expenses for breakfast (\$20), lunch (\$25), and dinner (\$35).
 - On Wednesday, July 29, 2026 Applicant incurred meal expenses for breakfast (\$20).

- **Lodging: (including taxes and fees)**

- Applicant paid for a total of 3 nights (July 27-29, 2026) at cost of \$155 per night.

- Applicant left the morning of Wednesday, July 29, 2026 and did not stay a third night.

- **Other Expenses:**

- Baggage fees***

- Applicant incurred baggage fees of \$35 per flight (\$70 total).

- Airfare change costs***

- Applicant incurred expenses of \$250 to change their flight due to the cancellation of the exam on July 28, 2026. Flight change costs inclusive of change fees and the difference in flight fare.

See second page for WSBA Expense Policy summary. Please fill out completely and legibly. Reimbursement checks will be payable *only* to the person incurring the expense, as documented by itemized receipts. If you incurred childcare expenses, please complete Reimbursement of Childcare for WA July 2026 Bar Exam. **Please email one PDF of this form and itemized receipts to 2026BarExamExpenses@wsba.org.**

Signed expense reports must be submitted by October 15, 2026

Make Check Payable to (Please print name): Applicant C			PLEASE SELECT ONE <i>(terms of eligibility on page 3)</i> Elected the waiver X Did not elect waiver OR not eligible for waiver
{un\$Sü !SSo\$or 100P\$10° /00bl {ú1ú\$ 4u (Mail check to this address): 1325 4th Avenue, Seattle, WA 98101			
9 P1P: applicantC@test.org	NCBE 34567	t'100\$ (345) 678-9101	

By my handwritten or typed signature below, I certify that: (1) these expenses comply with the [WSBA Expense Policy](#) with the exception of the reimbursement for out-of-state travel as specifically allowable by the Board of Governors as part of the July 2026 exam reimbursement; (2) I am the person entitled to receive reimbursement for these expenses; (3) these expenses have not been reimbursed by any other source; (4) I am not seeking reimbursement for alcohol unless permitted by WSBA Fiscal Policy; (5) the information provided within this form is accurate and true. By accepting the travel reimbursement from the Washington State Bar Association (WSBA), the recipient releases and discharges any and all claims against WSBA, its officers, employees, agents, and volunteers arising out of or in connection with the travel, lodging, and with expenses related to the July 2026 bar exam reimbursed by the WSBA.

X: *Applicant C*

Date: 08/14/2026

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	Total (\$ 0.76/mi)						
	Ground Transportation, Parking, Tolls	\$90.00		\$90.00			\$180.00
	Airfare (coach/economy only)	\$575.00					\$575.00
a \$ t Pσ	Breakfast (up to \$23) *		\$20.00	\$20.00			\$40.00
	Lunch (up to \$26) *	\$25.00	\$25.00				\$50.00
	Dinner (up to \$38) *	\$35.00	\$35.00				\$70.00
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h ō' l\$σ 9bμ\$Ωσ\$σ (itemize):		\$35.00		\$35.00			\$70.00
Baggage Fee			\$250.00				\$250.00
Airfare Change Costs							
Eōū t Pσ		\$915.00	\$485.00	\$300.00			\$1,700.00

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Applicant D

- **Reimbursement Eligibility: Did not elect waiver/not eligible for waiver**
Nonrefundable travel and lodging expenses, meals, change fees, and other reasonable expenses determined to be bar-exam related.
- **Travel Mode(s):** Personal vehicle
- **Dates of Travel:**
 - **Arrival:** afternoon on Monday, July 27, 2026
 - **Departure:** evening on Tuesday, July 28, 2026
- Original lodging was booked for 2 nights, beginning on July 27, 2026, and Applicant extended their original stay by one night in anticipation of needing to extend the test to a third day. The third night was nonrefundable.
- Applicant paid for childcare during the dates of travel.

EXPENSE REPORT CATEGORIES:

- **Transportation: Auto Mileage**
 - Applicant drove from their home in Seattle, WA to the Holiday Inn in Yakima, WA on Monday, July 27, 2026 with a return trip via the same route on Tuesday, July 28, 2026.
- **Meals: (all amounts inclusive of tax and tip)**
 - Applicant arrived in Yakima, WA the afternoon of Monday, July 27, 2026 and incurred dinner expenses of \$35.
 - On Tuesday, July 28, 2026, Applicant incurred meal expenses for breakfast (\$20), lunch (\$25), and dinner (\$35).
- **Lodging: (all amounts inclusive of taxes and fees)**
 - Applicant booked a total of 2 nights (July 27-28, 2026) at cost of \$155 per night. Although they departed on Tuesday, July 28, 2026, the costs were nonrefundable.
 - Applicant also booked a nonrefundable stay for the third night (July 29, 2026) at a cost of \$170.

CHILD CARE EXPENSE REPORT

- Applicant is requesting reimbursement for payment made to a provider for childcare services.
- Childcare provider began services at 1:00pm on Monday, July 27, 2026 and ended services at 7:00pm on Tuesday, July 28, 2026.

- Childcare provider charged \$30.00 per hour and was paid \$750.00 in cash with no receipt.
- Childcare provider is the cousin of Applicant, named Cousin D, phone number is (123) 456-7891.
- No travel expenses were incurred by Applicant (Cousin D came to the home of Applicant).

See second page for WSBA Expense Policy summary. Please fill out completely and legibly. Reimbursement checks will be payable *only* to the person incurring the expense, as documented by itemized receipts. If you incurred childcare expenses, please complete Reimbursement of Childcare for WA July 2026 Bar Exam. **Please email one PDF of this form and itemized receipts to 2026BarExamExpenses@wsba.org.**

Signed expense reports must be submitted by October 15, 2026

Make Check Payable to (Please print name): Applicant D			PLEASE SELECT ONE <i>(terms of eligibility on page 3)</i> Elected the waiver X Did not elect waiver OR not eligible for waiver
{uo\$S\$u !SSo\$Soo WdOPNSQ° /Nbbi {útu\$ žu (Mail check to this address): 1325 4th Avenue, Seattle, WA 98101			
9 P4P: applicantD@test.org	NCBE 45678	t'100\$ (456) 789-1012	

By my handwritten or typed signature below, I certify that: (1) these expenses comply with the [WSBA Expense Policy](#) with the exception of the reimbursement for out-of-state travel as specifically allowable by the Board of Governors as part of the July 2026 exam reimbursement; (2) I am the person entitled to receive reimbursement for these expenses; (3) these expenses have not been reimbursed by any other source; (4) I am not seeking reimbursement for alcohol unless permitted by WSBA Fiscal Policy; (5) the information provided within this form is accurate and true. By accepting the travel reimbursement from the Washington State Bar Association (WSBA), the recipient releases and discharges any and all claims against WSBA, its officers, employees, agents, and volunteers arising out of or in connection with the travel, lodging, and with expenses related to the July 2026 bar exam reimbursed by the WSBA.

X: *Applicant D*

Date: 08/14/2026

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ΕοτφμτŭŌŌτŭŌŌ	Auto Mileage	143.60 miles	143.60 miles	miles	miles	miles	287.20
	Total (\$ 0.76/mi)	\$109.14	\$109.14				\$218.27
	Ground Transportation, Parking, Tolls						
	Airfare (coach/economy only)						
a\$τρ	Breakfast (up to \$23) *		\$20.00				\$20.00
	Lunch (up to \$26) *		\$25.00				\$25.00
	Dinner (up to \$38) *	\$35.00	\$35.00				\$70.00
[Ō\$° ű° (up to \$200/night; \$225/ night in Seattle; + tax and fees) *		\$155.00	\$155.00	\$170.00			\$480.00
hŭ'τ\$Ō 9bμξΩσ\$σ (itemize):							
ΕŌŭτρ		\$299.14	\$344.14	\$170.00			\$813.27

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07/27/2026	1325 4th Avenue, Seattle, WA 98101	802 E Yakima Ave, Yakima, WA 98901 (Holiday Inn)
07/28/2026	802 E Yakima Ave, Yakima, WA 98901 (Holiday Inn)	1325 4th Avenue, Seattle, WA 98101

CHILDCARE ELIGIBILITY REQUIREMENTS

Childcare expenses are reimbursable if the following criterion are met:

- Childcare expenses **must** have been incurred by the **applicant**
- Must include receipts for incurred childcare expenses
- Expenses cannot exceed \$35/hour for childcare

Please fill out completely and legibly. Reimbursement checks will be payable *only* to the person incurring the expense, as documented by itemized receipts. **Please email one PDF of this form and itemized receipts to 2026BarExamExpenses@wsba.org.**

Signed expense reports must be submitted by October 15, 2026

Make Check Payable to (Please print name):

Applicant D

Mail check to this address:

1325 4th Avenue, Seattle, WA 98101

9 91P:

applicantD@test.org

NCBE

45678

t10Q\$

(456) 789-1012

By my handwritten or typed signature below, I certify that: (1) these expenses comply with the [WSBA Expense Policy](#) unless otherwise specified as allowable by the Board of Governors as part of the July 2026 exam reimbursement; (2) I am the person entitled to receive reimbursement for these expenses; (3) these expenses have not been reimbursed by any other source; (4) the information provided within this form is accurate and true. I meet the eligibility requirements for childcare reimbursement as stated on this form. By accepting the childcare reimbursement from the WSBA, the recipient releases and discharges any and all claims against WSBA, its officers, employees, agents, and volunteers arising out of or in connection with the childcare expenses related to the July 2026 bar exam reimbursed by the WSBA.

x: *Applicant D*

Date: 08/14/2026

I am requesting reimbursement for the following expense categories (please select all that apply for incurred childcare expenses):

X Payment made for child care services to a provider **Amount Requested (itemized receipts required): \$750.00**

If no receipt(s), provide explanation for lack of documentation, description of services, and contact information (name and phone number) of child care services provider:

My child care provider is my cousin who I paid with cash for her services. She cared for my two children (ages 8 and 10) starting on Monday, July 27, 2026 at 1:00pm until I returned on Tuesday, July 28, 2026 at 7:00pm. I paid her \$25/hr for 30 hours, a total of \$750. Her contact information is Cousin D, 123-456-7891.

Other

Amount Requested (itemized receipts required):

Description of "Other" reimbursement requests:

If you are requesting reimbursement of expenses in excess of limits provided, provide an explanation as to why the extra cost(s) is reasonable and necessary:



HILTON GARDEN INN - YAKIMA
401 EAST YAKIMA AVENUE
YAKIMA, WA 98901
United States of America
TELEPHONE 509-454-1111 • FAX 509-248-3344
Reservations
www.hilton.com or 1 800 HILTONS

Room No: 501/K1RZ
Arrival Date: 5/18/2023 12:02:00 PM
Departure Date: 5/20/2023 1:16:00 PM
Adult/Child: 1/0
Cashier ID: RWOODENJR
Room Rate: 169.00
AL:
HH # 905663306 BLUE
VAT #
Folio No/Che

Confirmation Number: 3372085649

HILTON GARDEN INN - YAKIMA 5/20/2023 1:16:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
5/18/2023	GUEST ROOM	jcamacho36	1901623	\$169.00		
5/18/2023	OCCUPANCY TAX	jcamacho36	1901623	\$13.86		
5/18/2023	CITY TAX	jcamacho36	1901623	\$5.07		
5/18/2023	COUNTY FEE	jcamacho36	1901623	\$4.00		
5/19/2023	GUEST ROOM	jcamacho36	1902037	\$169.00		
5/19/2023	OCCUPANCY TAX	jcamacho36	1902037	\$13.86		
5/19/2023	CITY TAX	jcamacho36	1902037	\$5.07		
5/19/2023	COUNTY FEE	jcamacho36	1902037	\$4.00		
5/20/2023	VS	MONIR	1902173		(\$383.86)	
				BALANCE		\$0.00

EXPENSE REPORT
SUMMARY

	5/18/2023	5/19/2023	STAY TOTAL
ROOM AND TAX	\$191.93	\$191.93	\$383.86
DAILY TOTAL	\$191.93	\$191.93	\$383.86

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

CREDIT CARD DETAIL

APPR CODE 67408D
CARD NUMBER VS
TRANSACTION ID

MERCHANT ID
EXP DATE
TRANS TYPE Sale

Confirmation code:



You're all set. Thank you for booking with Alaska and we look forward to seeing you on board.

View full details about your flight reservation and fare.

VIEW/MANAGE

Flight	Departs	Arrives	Class	Traveler(s)	Seat(s)
 Alaska 925 Boeing 737 800 (Winglets)	Seattle (SEA) Wed, Mar 6 3:35 pm	Spokane (GEG) Wed, Mar 6 4:39 pm	N (Coach)		6A★
 Alaska 939 Boeing 737-800 (Winglets)	Spokane (GEG) Fri, Mar 8 5:35 pm	Seattle (SEA) Fri, Mar 8 6:49 pm	L (Coach)		8A★



Additional information

Prohibited hazardous materials

The Federal Government has specific restrictions about hazardous materials in carry-on and checked baggage. Failure to declare hazardous materials may result in civil and criminal penalties. For more information, visit: [the FAA website.](#)

Summary of airfare charges


Mileage Plan 

New Ticket 0272361652430
(previous ticket 0272359225849)

New Ticket Value	\$411.20
Additional Amount Due	\$0.00
Per person total	\$0.00

Total charges for air travel USD \$0.00

View all [taxes, fees and charges](#)

Total charges and credits

No charge
\$29.99 will be deposited into the My Wallet account within 7 business days.

Spokane Intl Airport
9000 W. Airport Dr. # 204
Spokane, 99224

Main Exit 07/23/22 12 30
Receipt 004117

Short-term parking tkt
GARGE - No. 063070
07/21/22 17:24
07/23/22 12:30
Period 1d19h7'

\$24 00

Total \$24 00

Payment Received
AID A0000000031010
APP LABEL VISA CREDIT
CARD *****
AUTHORIZATION 75932B
TOTAL USD\$24 00
T

APPROVED

1/1 Sub total \$24 00

00670532

From: [REDACTED]
To: [REDACTED]
Subject: [External]Fwd: Alaska Airlines Baggage Receipt
Date: Sunday, October 1, 2023 8:26:46 AM

Begin forwarded message:

From: Alaska Airlines <Alaska.Mobile@alaskaair.com>
Date: October 1, 2023 at 8:24:42 AM PDT
To: [REDACTED]
Subject: Alaska Airlines Baggage Receipt

Thank you for using a mobile device to pay for your checked baggage.

BAGGAGE RECEIPT

The Visa card ending with ***[REDACTED] has been charged a total of \$30.00 USD [REDACTED]
[REDACTED]

Traveler: [REDACTED]
Number of Bags: 1
Fee: \$30.00

TOTAL: \$30.00 USD

If you have any questions, please call Customer Care at 1-800-654-5669, Monday-Friday, between 8:00 a.m. and 5:45 p.m. (PT) or Saturday between 8:00 a.m. and 5:00 p.m. (PT).

Thanks again!

Alaska Airlines
<http://www.alaskaair.com>

scotty browns

RESTAURANT • CAFE • BAR • BAKERY • DELI • KIOSK

270223 -HHH 420 1/29/25
ITEMS ORDERED AMOUNT

1 DIET PEPSI 4.59
1 HAM & CHEESE CROISSANT-EXP 10.09

STATE INC 1.32

TOTAL DUE 16.00

PINPAD 16.00

OF GUESTS 2

Scotty Browns BLI Airport
www.scottybrownrestaurant.com
4255 Mitchell Way
Bellingham WA 98226
(360) 318-7339

We would love to hear your feedback!
Scan the code below
to share your thoughts.



SCOTTY BROWNS
BELLINGHAM AIRPORT
4255 Mitchell Way
Bellingham WA 98226
360-318-7339

***** TRANSACTION RECORD *****

Tran. #: 375 Workstation #: 2
Table #: HHH Check #: 270223
Employee #: 420 Employee: 420
Trace #: 207533

Pre-Auth Purchase
American Express
APPROVED

XXXXXXXXXX
Chip Read

Amount USD \$16.00

Tip \$ 2

TOTAL \$ 18

No signature required

RRN: 000000207054 C
Auth. #: 809889 Mode: Issuer
00000002/SCBRBLICC05
00 (001)
01/29/2025 7:02:10 AM

Customer Copy

PANE PANE SANDWICHES

304 UNION STREET
SEATTLE, WA 98101
206 434 8367
PanePaneSandwiches.com

ORDER: 393
Dine In

Cashier: Adilene
01-Apr-2026 12:23:07P
Transaction **159111**

1 01. MEATBALLS \$12.00
Banh Mi Style \$0.00
Sriracha Mayo \$0.00

Subtotal		\$12.00
Sales Tax	10.55%	\$1.27
Total		\$13.27

CREDIT CARD SALE \$13.27
VISA 3522

Retain this copy for statement validation

01-Apr-2026 12:23:26P
\$13.27 | Method: EMV
VISA CREDIT XXXXXXXXXXXX [REDACTED]

Reference ID: 609100646604
Auth ID: 077414
MID: ***** [REDACTED]
AID: A0000000031010
AthNtwkNm: VISA

Online: <https://clover.com/p/G4Q4VWDABZZFG>

Clover ID: 2YPYA53EA2HT4
Payment G4Q4VWDABZZFG

Clover Privacy Policy
<https://clover.com/privacy>



Subject:
Date:



[External]Fwd: Your receipt for rides on October 2
Tuesday, October 3, 2023 9:45:03 AM

Begin forwarded message:

From: Lyft Receipts <no-reply@lyftmail.com>
Date: October 3, 2023 at 8:52:02 AM MDT
To: [Redacted]
Subject: Your receipt for rides on October 2



Your total charges for October 2



October 2, 2023 5:45 AM

\$83.91

Ride fare

☐ **Pickup** 5:45 AM



☐ **Drop-off** 6:16 AM

Air Cargo Rd, Seatac, WA 98158, United States

