

# BC Expense Form

1. Please fill in your contact information.

|               |  |                |  |
|---------------|--|----------------|--|
| Name          |  | Chapter        |  |
| Address       |  | Email          |  |
| City, ST, Zip |  | Period Covered |  |

2. Categorize your expenses (including donated) with any notes or explanations.

| Item/Service               | Amount | Donated | Note/Explanation | Internal Use |
|----------------------------|--------|---------|------------------|--------------|
| Postage                    |        |         |                  |              |
| Printing/Copies            |        |         |                  |              |
| Office Supplies            |        |         |                  |              |
| Phone                      |        |         |                  |              |
| Books                      |        |         |                  |              |
| Software                   |        |         |                  |              |
| Mileage                    |        |         |                  |              |
| Other (Specify)            |        |         |                  |              |
|                            |        |         |                  |              |
|                            |        |         |                  |              |
| Subtotal                   | \$     |         |                  |              |
| Less Donation              |        | < \$ >  |                  | Thank you!   |
| <b>Total Reimbursement</b> |        | \$      |                  |              |

3. Attach your receipt(s) in order to receive reimbursement. Originals preferred; digital copies acceptable.

4. Mail or email this form to the Accounts Payable Manager:

Kim Cierpik-Gold  
9622 W Virginia Circle  
Lakewood, CO 80226  
[Finance@breastfeedingusa.org](mailto:Finance@breastfeedingusa.org),

Please include a SASE or mailing label if possible. Thank you.

This form is for expenses incurred by **BCs representing BfUSA in their communities**. Expenses incurred for **Committee or Workgroup activities** must be reported on the *Committee Expense Form* found in the *For Volunteer* section of the website. **For timely reimbursement**, please file expenses **by the 10th of each month**. All expense checks will be issued by the 20<sup>th</sup> of the month. Expenses arriving after this time may be held until the next month for payment. Expenses over three months old will be considered a donation to Breastfeeding USA, unless approved by the Finance Committee.

Please contact the Treasurer at [finance@breastfeedingusa.org](mailto:finance@breastfeedingusa.org) before considering expenditures of more than \$75. Even if the cost will be donated, the Treasurer must review any purchase greater than \$75. She has the right to refuse payment for unauthorized expenditures that exceed the Community Chapter Grant of \$75 per fiscal year or is determined to be beyond the individual's scope of authority to purchase. All supplies and non-consumables remain the property of Breastfeeding USA. If durable equipment is purchased to remain in your possession, you will be contacted for the warranty and serial/model numbers of that item for inventory control purposes. If your purchases are for books or software not for resale, please supply an itemized list with publication dates.

## BfUSA Use Only

Check #:

Date pd:

Amount:

2<sup>nd</sup> authorization:

*Thank you for your contributions to Breastfeeding USA!*