



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!
Total Reimbursement		\$		

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:

Amie Hood, 8008 Hague Rd., Indianapolis IN 46256 ;

Finance@breastfeedingusa.org, 317-459-8317

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 20th 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 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.

Thank you for your contributions to Breastfeeding USA.

BfUSA Use Only
Check #:
Date pd:
Amount:
2 nd authorization: