

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	Donat	ed	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.
- Mail or email this form to the Accounts Payable Manager: Carol Delaney, 125 Clinton Drive, South Windsor, CT 06074; <u>carol.delaney@breastfeedingusa.org</u>, 860-644-4109 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 Finance Committee at <u>finance@breastfeedingusa.org</u> before considering expenditures of more than \$75. Even if the cost will be donated, the Finance Committee must review any purchase greater than \$75. Finance 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.

Updated 1/13 cd

Thank you for your contributions to Breastfeeding USA.

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