**Breastfeeding USA BC Expense Form Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Please Attach a SASE or mailing label if possible. Thank you!

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_

Period covered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipts attached? ❒ yes ❒ no

*Receipts or copies thereof must be attached for reimbursement of expenses. Scanned Copies are acceptable, originals are preferred.*

 Amount Donated Internal Use

Postage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Printing/Copies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Office Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Books \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Software \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Donation: $ <\_\_\_\_\_\_\_\_\_\_\_> **Thank you!**

**Total: $ \_\_\_\_\_\_\_\_\_\_**

 **Note/Explanation**

Please contact the Finance Committee before expenditures of more than $50. Any item over a Chapter budget must be reviewed by the BF USA Finance Coordinator and the committee chair. The Board of Directors has the right to refuse payment for unauthorized expenditures that exceed budget or one’s scope of authority to purchase. Remember to document your purchase authorization. Please be advised that all supplies and non-consumables remain the property of Breastfeeding USA. If a purchase is made for durable equipment, remaining 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 the publication dates. Thank you for your contributions to Breastfeeding USA.

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 Chair.

Please submit form to Accounts Payable Manager:

Patty Jacobs, 1507 Pearl Street, Alameda, CA 94501, PJacobs15@gmail.com 510-522-0979

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| --- |
| **BFUSA Use Only** |
| Check #: |
| Date Pd: |
| Amount: |
| 2nd Authorization: |

Updated 10/11 paj