



Committee Expense Form

- Please fill in your contact information.

Name		Committee	
Address		Email	
City, ST, Zip		Period Covered	

- 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				
Travel				
Mileage				
Other (Specify)				
Subtotal	\$			
Less Donation		< \$ >		Thank you!
Total Reimbursement		\$		

- Attach your receipt(s) in order to receive reimbursement. Originals preferred; digital copies acceptable.
- Mail or email the form to your Committee Chair. **Committee Chair initial:** _____
Please include a SASE or mailing label if possible. Thank you.
- The Committee Chair mails or emails this form to the Accounts Payable Manager:
Carol Delaney, 125 Clinton Drive, South Windsor, CT 06074;
carol.delaney@breastfeedingusa.org, 860-644-4109

This form is for expenses incurred by **volunteers working in a committee**. Expenses incurred for **BC or Chapter activities** must be reported on the *BC Expense Form* found in the *For Volunteer* section of the website.

Expenses over three months old will be considered a donation to Breastfeeding USA, unless approved by the Finance Committee.

Please contact the Committee Chair before considering expenditures of more than \$75. Even if the cost will be donated, the Chair must review any purchase greater than \$75. 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: