

Breastfeeding USA Department Expense Form

Committee: _____
Department Chair Initial _____

Please Attach a SASE or mailing label if possible. Thank you!

Name: _____
Address: _____
City/State/Zip _____
Email: _____
Position: _____
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	<u>Note/Explanation</u>
Postage	_____	_____	_____	
Printing/Copies	_____	_____	_____	
Office Supplies	_____	_____	_____	
Phone	_____	_____	_____	
Books	_____	_____	_____	
Software	_____	_____	_____	
Travel	_____	_____	_____	
Mileage	_____	_____	_____	
Equipment (over \$100)	_____	_____	_____	
Other (Specify)	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Subtotal	\$ _____			
Less Donation:		\$ < _____ >		Thank you!
Total:		\$ _____		

Any item over a committee 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, and used within your department or committee, 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 15th 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

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