

Expense Reimbursement Form



Date _____ Affiliate Name _____
 Fund Representative _____
 Fund Representative Email _____ Fund Representative Phone _____
 Special Instructions _____

Expense #1 Date	Check to be made payable to: <i>(Person's First and Last name or Business Name)</i>	Mailing Address <i>(Street or P.O. Box)</i>	City	State	Zip Code	Amount	W-9 Attached? Y/N	MCF USE ONLY EXP Code
Purpose / Notes								
Expense #2 Date	Check to be made payable to: <i>(Person's First and Last name or Business Name)</i>	Mailing Address <i>(Street or P.O. Box)</i>	City	State	Zip Code	Amount	W-9 Attached? Y/N	MCF USE ONLY EXP Code
Purpose / Notes								
Expense #3 Date	Check to be made payable to: <i>(Person's First and Last name or Business Name)</i>	Mailing Address <i>(Street or P.O. Box)</i>	City	State	Zip Code	Amount	W-9 Attached? Y/N	MCF USE ONLY EXP Code
Purpose / Notes								
Expense #4 -Date-	Check to be made payable to: <i>(Person's First and Last name or Business Name)</i>	Mailing Address <i>(Street or P.O. Box)</i>	City	State	Zip Code	Amount	W-9 Attached? Y/N	MCF USE ONLY EXP Code
Purpose / Notes								

Procedures and Authorization Signature on Page 2

Expense Reimbursement Form

Procedures

1. Fill in all information at top of Page 1.
2. For each expense, all fields must be complete to be reimbursed.
3. All expenses must be accompanied by an itemized receipt. In addition, credit card expenses must have an itemized receipts for each item purchased. Electronic (scanned) copies of receipts are preferred.
4. Independent contractors will not be paid without a signed independent contractor agreement. Please refer to affiliate manual
5. A Federal Form W-9 is required for all new vendors meeting or exceeding an annual payment amount of \$600. If the affiliate has previously engaged in business with the vendor, Montana Community Foundation may have a W-9 on file. Please call or email should you have questions regarding filling out a W-9 for vendors. W-9 forms can be found on the affiliate online document library or in the appendix section of the affiliate manual.
6. Expense Reimbursement Form must be signed (electronic signature is accepted) by the Fund Representative for approval.
7. Should you need additional space for expenses, please use additional forms.
8. In the Purpose/Notes section, please indicate any expense that needed and was given preapproval such as newsletters, solicitations, and independent contractors.

Submission

1. Please keep a copy of this form and the accompanying receipts for your files.
2. Electronic submission is preferred. Email the filled-in PDF or scanned version of the Expense Reimbursement Form to the Local Community Foundation Program Associate (Maggie Sullivan) at Maggie@mtcf.org. The Expense Reimbursement Form, receipts and invoices should be sent in the same email, but in separate scanned documents. Paper submissions are accepted but will require longer processing times.

For assistance, please contact Maggie Sullivan, Local Community Foundations Program Associate.

Signature of Fund Representative or Designated Individual

Date

For MCF Purposes only

Approved by LCF Program Associate

Yes No

Date

LCF Program Associate Signature

Notes: