

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: (Person's First and Last name or Business Name)	Mailing Address (Street or P.O. Box)	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: (Person's First and Last name or Business Name)	Mailing Address (Street or P.O. Box)	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: (Person's First and Last name or Business Name)	Mailing Address (Street or P.O. Box)	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: (Person's First and Last name or Business Name)	Mailing Address (Street or P.O. Box)	City	State	Zip Code	Amount	W-9 Attached? Y/N	MCF USE ONLY EXP Code
Purpose / Notes								

Procedures and Authorization Signature on Page Two

Procedures

1. Fill in all information at top of page one.
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.
5. A 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, the 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.
6. Expense Reimbursement Forms 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 completed PDF of the Expense Reimbursement Form to the Local Community Foundations Program Officer, Shyanne Wallace, at shyanne@mtcf.org. The Expense Reimbursement Form, receipts and invoices should be sent in the same email. Paper submissions are also accepted.

**For questions, contact Shyanne Wallace, Local Community Foundations Program Officer,
at shyanne@mtcf.org or (406) 230-2785.**

Signature of Fund Representative

Date

For MCF Purposes only
Approved by LCFP Officer?

Yes

No

Local Community Foundations Program Officer

Date

Notes: