

State Capital Foundation Expense Reimbursement

The State Capital Foundation (StateCF) administers a comprehensive expense reimbursement system, meticulously designed for transparency and accountability. This system ensures the proper documentation and timely processing of all mission-related expenses.

01	02	03
Provide Requestor Information	Itemize Your Expenses	Attach Supporting Documentation
Submit your full name, title, mailing address, contact details, and the date of this submission.	For each expense, provide a detailed entry including the date, a clear description, its specific purpose, how it directly relates to StateCF's mission, and the exact amount. Calculate the total reimbursement requested.	Ensure all original itemized receipts and any other required documentation are securely attached to verify expenses and confirm compliance with Foundation guidelines.
04	05	
Choose Reimbursement Method	Certify and Submit	
Select your preferred method for reimbursement or choose to donate the expenses as a charitable contribution to the Foundation.	Sign the certification statement to confirm the accuracy and completeness of all information provided, then submit the completed form to the State Capital Foundation for processing.	

Key Reimbursement Requirements

- All submitted expenses are subject to thorough review.
- Every expense must directly support the StateCF's mission and objectives.
- Complete documentation, including original itemized receipts, is mandatory for each expense claim.
- You must certify the accuracy of your submission and declare that no portion of these expenses has been reimbursed by another entity.

State Capital Foundation: Expense Reimbursement/Donation Form

SECTION 1 - REQUESTER INFORMATION

Please provide your contact and identification details below.

Full Name: _____

Title/Position: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Date of Submission: _____

SECTION 2 - EXPENSE DETAILS

All submitted expenses are subject to review by the Board and accounting department to ensure eligibility and compliance with IRS 501(c)(3) nonprofit regulations. For reimbursement eligibility, all expenses should be pre-approved in writing by an officer of the State Capital Foundation. The Foundation reserves the right to reject expenses not previously approved.

Date	Description & Mission Connection	Amount (\$)	Receipt Attached
Total Amount Requested:		\$_____	

SECTION 3 - PAYMENT ELECTION

Please select one of the following options:

- ☒ Request Reimbursement - I request reimbursement for the expenses detailed above.
- ☒ Donate as Contribution - I elect to donate these expenses as a charitable contribution to the State Capital Foundation.

SECTION 4 - CERTIFICATION

I hereby certify that all information provided in this form is accurate and complete to the best of my knowledge. These expenses directly support the State Capital Foundation's mission and have not been reimbursed by any other source.

Signature: _____ Date: _____

SECTION 5 - FOR OFFICE USE ONLY

Received Date: _____

Approved By: _____

Amount Approved: \$_____

Check Number: _____

Date Processed: _____

Number of Supporting Attachments: _____

☒ Please submit the completed form with all original receipts to the State Capital Foundation via electronic upload or by email at info@statecf.com.