



**ACTIVE 20-30 UNITED STATES & CANADA  
GRANT REIMBURSEMENT FORM**

1540 River Park Dr., Suite 211 - SACRAMENTO, CA 95815  
E-mail: info@active20-30.org

**Name (Payable to):** \_\_\_\_\_ **Claim Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Event** \_\_\_\_\_

**Description:** \_\_\_\_\_

<b>EVENT DATE (Provide in Spaces to the right)</b>					<b>TOTAL</b>
Event Space Rental					
Food/Beverages (Excluding Alcohol)					
Decorations/Gifts					
Advertising					
Buses or other transportation					
Parking					
Other (describe)					
Other (describe)					
Other (describe)					
Other (describe)					
Other (describe)					
Other (describe)					
Other (describe)					
Other (describe)					
<b>TOTAL</b>					

Completed forms and receipts may be submitted to the Active 20-30 national office via e-mail or fax. Grant Reimbursement Requests for **MUST be submitted no later than 30 days of completion of fiscal term** in which the Grant was approved (June 30).

<b>FORM COMPLETED BY:</b> <b>NAME:</b> <b>CLUB:</b> <b>BOD POSITION/REGION:</b>	<b>TOTAL EXPENSES</b>	
	<b>TOTAL REIMBURSEMENT</b>	
<b>FOR OFFICE USE ONLY</b>	<b>SIGNATURE</b> _____	<b>DATE</b> _____