



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

1540 River Park Drive, Suite 211 • SACRAMENTO, CA 95815-4609  
E-mail: info@active20-30.org

Name (Payable to): \_\_\_\_\_ Claim Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Destination: \_\_\_\_\_ Depart: \_\_\_\_\_ Return: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

DATE (Please Provide in Spaces to the right→)						TOTAL
Lodging						
Car rental						
Transportation - airfare						
Taxis or other transportation						
Auto (use of own car @ \$0.575/mile per 2020 IRS)*	miles					
Parking						
Other (Registration)						
Telephone						
<b>TOTAL</b>						

\*=per 2020 IRS standard mileage reimbursement; cost of gas is only reimbursable when using a rental vehicle.

Completed forms and receipts may be submitted to the Active 20-30 national office via e-mail or fax.  
 Reimbursement Requests for travel expenses **MUST** be submitted no later than 60 days of completion of travel.

OTHER COSTS		
Payee	Description	Amount
<b>TOTAL</b>		

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