



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

1540 River Park Dr., Suite 211 - SACRAMENTO, CA 95815
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 @ \$.585 cents per mile *) | miles | | | | | |
| Parking | | | | | | |
| Other (Registration) | | | | | | |
| Telephone | | | | | | |
| TOTAL | | | | | | |

*=per 2022 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 30 days of completion of travel.

| OTHER COSTS | | |
|--------------|-------------|--------|
| Payee | Description | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

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