



**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 @ \$.655 cents per mile *)	miles		miles		miles		miles		miles
Parking									
Other (Registration)									
Telephone									
TOTAL									

*=per 2023 IRS standard mileage reimbursement effective January 1, 2023; 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 _____	