



**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 *)					
Parking					
Other (Registration)					
Telephone					
<b>TOTAL</b>					

\*=per 2022 IRS standard mileage reimbursement effective July 1, 2022; 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
<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 _____	