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|  | **Mosaic Outdoor Clubs of America, 2885 Sanford Ave SW #17827, Grandville, MI 49418** | | | |
|  | Reimbursement for MOCA-approved expenditures will only be made for items submitted within **60 days** after the related event and must include original receipts. Disbursement will be made within 30 days of submission. Reimbursements for driving may either include receipts for actual expenses or list miles driven and be reimbursed at the IRS standard rate for miles driven in service of charitable organizations (14¢ as of 2015). Tolls and parking may be submitted for reimbursement, even when the mileage method is used. The receipt may be omitted for tolls paid electronically, but MOCA reserves the right to request documentation afterward. | | | |
|  | **Title of Event:** | | **Event Start Date: YYYY-MM-DD** | |
|  | **Jewish Outdoor Escape 2025** | | 2025-08-28 | |
|  |  |  |  |  |
|  | NOTE: List all items separately and include all original receipts. | |  | |
|  |  |  |  |  |
| **#** | **Date of Expense** | **Description (Vendor or Provider and Purpose - include origin and destination for travel)** | | **Expense Incurred ($)** |
| 1 |  |  | |  |
| 2 |  |  | |  |
| 3 |  |  | |  |
| 4 |  |  | |  |
| 5 |  |  | |  |
| 6 |  |  | |  |
| 7 |  |  | |  |
| 8 |  |  | |  |
| 9 |  |  | |  |
| 10 |  |  | |  |
|  |  | **TOTAL EXPENSES SUBMITTED:** |  | |
|  | I certify that the information above is true and accurate and represents expenses incurred on behalf of MOCA. | | | |
|  | **Requester Signature: \*** |  | **Date:** |  |
|  | \* Your typed name will be considered your electronic signature if you submit it via email. | | | |
|  | **APPROVED BY:** | | | |
|  | **Mosaic President: \*\*** |  | **Date:** |  |
|  | \*\* For events, it should be signed by the event chair or other properly authorized people. The requester and approver may be different from one another. Forms submitted electronically may be forwarded to treasurer@mosaicoutdoor.org with a note of approval instead of a physical signature. | | | |
|  | **Mosaic Treasurer:** |  | **Date:** |  |
|  | **Full Name of Member requesting reimbursement:** |  | | |
|  | **Address:** |  | | |
|  | **Phone:** |  | | |
|  | **E-mail:** |  | | |
|  | **Preferred Reimbursement Method (circle one): Check / PayPal** | | | |
|  | **Turn this form into the Event Chair Person for approval at** [**Event@MosaicOutdoor.org**](mailto:Event@MosaicOutdoor.org?subject=[insert%20name%20here]%20Expense%20Report)**.** | | | |
|  | **OR Mail this form to:** | **MOCA, 2885 Sanford Ave SW #17827, Grandville MI 49418** | | |
|  | **OR FAX to:** | **877-763-2948 and write "Box 17827" on the cover sheet.** | | |
|  | Comments / Notes / See Attachments: |  | | |
|  |
|  |  | | | |
|  | ***For Office Use Only*** | **JOE2025-\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **Date reimbursement sent:** |  | | |
|  | **Disbursement Form:** | (Cash) (Check) (Credit) (Online Banking) (PayPal) | | |
|  | **Carrier Type:** | (Mail) (Hand) (Wire-Electronic) | | |