



Mosaic Outdoor Clubs of America Expense Statement / Report



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 after the fact.

Title of Event:	Event Start Date: YYYY-MM-DD
Jewish Outdoor Escape 2020	2020-09-03

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 hereby certify that the information above is true and accurate, and represents expenses incurred on behalf of MOCA.

Requester Signature: *	Date:
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* If submitted via email, your typed name will be considered your electronic signature.

APPROVED BY:

Mosaic President: **	Date:
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** For events may be signed by the event chair or other properly authorized people. The requester and approver may not be the same person. Forms submitted electronically may be forwarded to treasurer@mosaicoutdoor.org with a note of approval in place of a physical signature.

Mosaic Treasurer:	Date:
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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
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	JOE2020-
Date reimbursement sent:	
Disbursement Form:	(Cash) (Check) (Credit) (Online Banking) (PayPal)
Carrier Type:	(Mail) (Hand) (Wire-Electronic)