



Women's Council of Realtors®
Natalie Arrowsmith
 214 S. Lake Ave.
 Apopka, FL 32703

Name _____
 Address _____
 City _____ Zip _____
 Telephone _____
 Email _____

2017 - Women's Council of Realtors® Travel Reimbursement Form

To receive a travel reimbursement payment the following information has to be provided below:

*Date ** _____ *Meeting or Event* _____
*Location *** _____ _____

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL
Date *								
Location **								
Expense Category								
Air Fare - See Policy***								0.00
Lodging								0.00
Meals								
Breakfast & tip								0.00
Lunch & tip								0.00
Dinner & tip								0.00
Miles (enter mileage)								
@ 54 cents per mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Parking / tolls								0.00
Rental Car								0.00
Auto Fuel								0.00
Taxi, Limo & tip								0.00
Telephone								0.00
Tips (Hotel Services)								0.00

Other (see reverse)								0.00
								0.00

ALL REIMBURSEMENT REQUESTS MUST BE RECEIVED WITHIN 30 DAYS OF TRAVEL.

<p align="center">Any additional details of travel MUST be described below: (Clearly indicate departure and arrival locations for mileage entry)</p>

<p align="center"><i>I hereby certify that all expenses claimed above were incurred on official WCR business.</i></p>
<p>Signature: _____</p> <p>Date: _____</p>
<p><small>(Eff 01/22/2017)</small></p>

Overall Total	0.00
Less Charges	
Balance Due Individual	0.00
Balance Due WCR	
Payment Approval	
<i>Amount</i>	<i>Cost Center</i>
Approved By: _____	
Date: _____	

