

Walton-Barrow Board of REALTORS®

EXPENSE REIMBURSEMENT REPORT

From: _____

Title/position: _____

Meeting: _____

Place: _____

Date(s): _____

Item (copies of receipts must be attached)	Amount
Registration Fee (where applicable)	_____
Room Rate \$_____ per day for _____ days	_____
Roundtrip tourist air fare (where applicable)	_____
Ground transportation (where applicable)	_____
_____ miles @ <u>\$.62.5</u> per mile (where applicable)	_____
Parking fees (where applicable)	_____
Other (please explain) _____	_____
_____	_____
_____	_____
TOTAL	_____

Signature _____ Date _____

Date Paid _____

Check # _____