



Women's Council of Realtors
Flagler County Network



Name _____
Address _____
City _____ Zip _____
Daytime Phone Number _____

2023 - Member and Instructor Travel Reimbursement Form

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

Date *

Location **

Original receipts

Purpose & details of trip ***

Social Security No _____

Provide for personal plane usage only.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL
Date *								
Location **								
Expense Item								
Air Fare								
Lodging								
Meals #								
Breakfast & tip								
Lunch & tip								
Dinner & tip								
Parking / tolls								
Personal Auto(miles)								
Mileage Rate @ 62.5 cents								
Rental Car & Gas								
Taxi, Limo & tip								
Telephone								
Tips (Hotel Services)								
Other (see reverse)								

See reverse side for limitations on reimbursement

Overall Total

Less Charges

Balance Due Individual

Purpose and details of travel **MUST** be described below: ***

Payment Approval

Amount Cost Center

Approved By: _____
Date: _____

I hereby certify that all expenses claimed above were incurred on official business.

Signature: _____

DATE: _____