OCALA/MARION COUNTY
ASSOCIATION OF REALTORS®

Attn: Darlene Yonce

3105 NE 14 Street, Ocala FL 34470

Name _____

Address _____

City _____ Zip _____

Telephone _____

Email _____

2018- Assn/MLS Member Travel Reimbursment Form

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

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

Location * _____ ***Social Security No*** _____

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL
Date *								
Location **								
Expense Category								
Air Fare - See Policy***								
Lodging								
Meals								
Breakfast & tip								
Lunch & tip								
Dinner & tip								
Miles (enter mileage)								
at .535 cents per mile *(pending 2018 rate release)*								
Parking / tolls								
Rental Car								
Auto Fuel								
Taxi, Limo & tip								
Telephone								
Tips (Hotel Services)								
Other (see reverse)								

See reverse side for reimbursement guidelines & allowances

Overall Total

Balance Due Individual

Balance Due Assn/MLS

Any additional details of travel **MUST** be described below:
(Clearly indicate departure and arrival locations for mileage entry)

I hereby certify expenses claimed above were incurred on official Assn/MLS business.

Signature: _____

Date: _____ 2018

Rev 12/17

Payment Approval

Amount	*Cost Center*

Approved By: _____

Date: _____