

**Dallas Chapter Women's Council of Realtors
Reimbursement Form**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Purpose of Reimbursement: _____

NOTE: REIMBURSEMENTS MUST BE SUBMITTED WITHIN 30 DAYS OF EVENT! ALL RECEIPTS AND MEETING REPORTS MUST BE ATTACHED TO RECEIVE REIMBURSEMENT PER STANDING RULES.

Airfare: Date: _____ From: _____ To: _____ Amount: \$ _____

Meals* Date: _____ Amount: \$ _____

 Date: _____ Amount: \$ _____

 Date: _____ Amount: \$ _____

 Date: _____ Amount: \$ _____

** No alcoholic beverages will be paid for by Women's Council of Realtors*

Lodging* Dates: _____ Amount: \$ _____

** Personal phone calls and movie rentals are not reimbursed by Women's Council of Realtors*

Registration: Event: _____ Amount: \$ _____

Taxi, Parking, etc. Amount: \$ _____

Mileage: Date: _____ Miles @ 48.5 cents/mile Amount: \$ _____

Miscellaneous WCR Reimbursable Expenses:

 Postage Amount: \$ _____

 Copies No. ____ Purpose: _____ Amount: \$ _____

Other (Explain) _____ Amount: \$ _____

 _____ Amount: \$ _____

TOTAL AMOUNT DUE: \$ _____

SIGNED: _____

DATE: _____

APPROVED BY: _____

WCR CK #: _____