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 #:**_____