

WCR Officer Travel Expense Report

Name _____	Email _____
Company _____	Phone _____
Address _____	WCR Position _____
City, State, Zip _____	(signed) _____

Per Mile Reimbursement Rate	0.535
-----------------------------	-------

Total Reimbursement Due	
-------------------------	--

Make Check Payable to: _____

Read Reimbursement Guidelines under "Forms" at www.wcrdayton.org before using form.

Date	General Ledger Account Number	Description of Expense	Airfare	Ground Transport (Gas, Rental Car, Taxi)	Lodging	Meals & Tips	Conf Reg. Fees	Miles (Personal Car Only)	Automatic Mileage Calculations (Do Not Type In Here)	Automatic Total Expenses (Do Not Type in Here)
									\$0.00	
									\$0.00	
									\$0.00	
Column Totals:									\$0.00	\$0.00

Signature _____	Date _____
-----------------	------------

Please attach ORIGINAL receipts to Reimbursement Request.

Remit to: **Drew Huggins**
Women's Council of Realtors
1515 S Main Street
Dayton, OH 45409

email: Drew.Huggins@caliberhomeloans.com

Authorization must be obtained from President or President-Elect BEFORE Travel. Check w/Treasurer FIRST before making plans! Not to Exceed Budget.

For Treasurer's Use Only

CHECK NO. _____ DATE MAILED: _____