



Wichita Falls Association of REALTORS®
 4007 Call Field Road Suite B
 Wichita Falls, TX 76308

Reimbursement Form

Date _____

Name of Member/Staff _____

Address _____

City, State, Zip Code _____

Date				
Purpose or Function				
Transportation: (car: IRS allowance/mi.***)				
Transportation Amount				
Lodging (place***)				
Lodging Amount				
Meals (detail***)				
Meals Amount				
Other Expenses (itemize***) Registration Fees, Other Expenses				
Total Requested				

***Attach mileage log, hotel bill, and other receipts

I certify that all expenses claimed above were incurred on official WFAR business. I have also read the Travel Payment and Reimbursement Policy of the WFAR Operating Policies & Financial Procedures.

Signature of Member/Staff _____

TOTAL APPROVED:

Approved by _____

Signature _____

Date _____

