

LAKE HAVASU ASSOCIATION OF REALTORS® Travel Expenses

Name: _____ Date Submitted: _____

Business Purpose: _____ Date Approved: _____

Expenses	Date	Details	Amount
Transportation		<input type="checkbox"/> Taxi	\$
		<input type="checkbox"/> Other Shuttle	\$
By Car		<input type="checkbox"/> Taxi	\$
		From: _____ To: _____ Total Mileage/Round Trip @ 0.540	\$
		From: _____ To: _____ Total Mileage @ 0.540	\$
Accommodations		From: _____ To: _____ Total Mileage @ 0.540	\$
		Location: _____	\$
		Location: _____	\$
Conference/Seminar Fees		Purpose: _____	\$
		Purpose: _____	\$
		Purpose: _____	\$
AAR Committees	(\$150 per meeting. \$100 toward accommodations if meetings scheduled before 10:00 a.m. or is longer than 4-hours)		\$
Meals & Tips	(Not to exceed \$50/day in state / \$100 out of state. Only include members meal)		\$
			\$
			\$
			\$
			\$
			\$
			\$
Other / Misc		Description: _____	\$
		Description: _____	\$
		Description: _____	\$
		Description: _____	\$
Subtotal			\$ -
Less amount paid by association			\$ -
Total amount to be reimbursed			\$ -

Signature _____ Date _____

Please attach receipts for all listed expenses, mileage must be detailed and is based on current IRS mileage rate. Driving mileage paid one way if member travels alone when more than one person is scheduled to go. Other transportation must be supported by receipts.

Office Use Only:
Paid Association Check # _____