

EMERALD COAST ASSOCIATION OF REALTORS®, Inc.
 10 Hollywood Blvd SE, Fort Walton Beach, FL 32548
 850-243-6145 FAX to 850-275-1077 or

[email: kate@ecaor.com](mailto:kate@ecaor.com)

MEMBERS REIMBURSEMENT FORM

MEMBER NAME:		EXPENSE REPORT DATE:	
MEMBER EMAIL:			
MEMBER ADDRESS:	ADDRESS:	COMMITTEE / TASK FORCE / OTHER	
	CITY, STATE & ZIP:		

DATES OF TRAVEL										
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TRANSPORTATION											
Travel (TO OR FROM)											
AIR/RAIL FARE											
LIMO, TAXI, BUS FARES											
CAR RENTAL (prior approval required per policy)											
PARKING & TOLLS											
PERSONAL CAR USAGE											
TRAVEL DESTINATION		FROM:	To:								
		Home-Orlando	Orlando-Home								
IF ROUND TRIP MARK (X) HERE ->			x								
TOTAL NUMBER OF MILES ----->											
TOTAL DOLLAR AMOUNT (#MILES x .56 =)											
	-	-	-	-	-	-	-	-	-	-	-

LODGING (Were any hotel expenses master billed - if so, please do <u>not</u> list on the expense report)											
ROOM AND TAX											
MEALS (NOT TO EXCEED \$100/day)											
BREAKFAST (including tip)											
LUNCH (including tip)											
DINNER (including tip)											
TOTAL MEALS PER DAY											
	-	-	-	-	-	-	-	-	-	-	-

GUEST ENTERTAINMENT											
MEALS & OTHER BUSINESS ACTIVITIES (Explain on pg. 2)											
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MISCELLANEOUS											
TIPS											
TELEPHONE / INTERNET											
OTHER EXPENSES (Explain on pg. 2)											
	-										

DAILY TOTALS											
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

MEMBER SIGNATURE: I hereby certify that all expenses claimed were incurred on official business of ECAR or its Affiliates.								TOTAL EXPENSES		\$ -	
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FOR OFFICE USE ONLY											
APPROVED BY SIGNATURE:				Note revised total:				REVISED TOTAL (IF APPLICABLE)			

