



Attn: Darlene Yonce
3105 NE 14 Street, Ocala FL 34470

Name _____
Address _____
City _____ Zip _____
Telephone _____
Email _____

2021- Assn/MLS Member Travel Reimbursement Form

To receive a travel reimbursement payment the following information has to be provided below:

Date * _____ Meeting or Event _____
Location ** _____ Social Security No _____

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL
Date *								
Location **								
Expense Category								
Air Fare - See Policy***								
Lodging								
Meals								
Breakfast & tip								
Lunch & tip								
Dinner & tip								
Miles (enter mileage)								
at .56 cents per mile (effective 1/01/2021)								
Parking / tolls								
Rental Car								
Auto Fuel								
Taxi, Limo & tip								
Telephone								
Tips (Hotel Services)								
Other (see reverse)								

See reverse side for reimbursement guidelines & allowances

Any additional details of travel **MUST** be described below:
(Clearly indicate departure and arrival locations for mileage entry)

I hereby certify expenses claimed above were incurred on official Assn/MLS business.

Signature: _____

Date: _____ 20____

Overall Total

Balance Due Individual

Balance Due Assn/MLS

Payment Approval

Amount Cost Center

Approved By: _____

Date: _____