



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

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

2023- OMCAR 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 65.5 cents per mile (effective 01.01.2023) | | | | | | | | |
| 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)

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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

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Approved By: _____

Date: _____