

KANSAS ASSOCIATION OF REALTORS
REPORT OF EXPENSES

NAME: _____ DATE: _____
 PURPOSE OF MEETING: _____ DATE(S) OF MEETING: _____

ITEM/EXPLANATION	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	TOTALS
PERSONAL AUTO MILES									\$
AIRFARE									\$
OTHER TRANSPORTATION									\$
PARKING CHARGES									\$
LODGING									\$
MEALS - BREAKFAST									\$
MEALS - LUNCH									\$
MEALS - DINNER									\$
PHONE CHARGES									\$
OTHER									\$
OTHER									\$
OTHER									\$
OTHER									\$
TOTALS FOR EACH DAY	\$	\$	\$	\$	\$	\$	\$	\$	\$

TOTAL AMOUNT DUE \$

ALL REPORTS FOR EXPENSES MUST BE SUBMITTED FOR REIMBURSEMENT WITHIN 30 DAYS OF THE MEETING. ALL EXPENSES OF \$75 OR MORE MUST BE ACCOMPANIED BY A RECEIPT AND ALL LODGING EXPENSES MUST BE ACCOMPANIED BY A RECEIPT. MILEAGE IS REIMBURSED AT 34.5 CENTS PER MILE.

I CERTIFY THIS STATEMENT ACCURATE AS TO ACTUAL AND NECESSARY EXPENSES.

(SIGNATURE) _____

FOR OFFICE USE ONLY:
 ACCOUNT CODE: _____
 PAYEE: _____
 ADDRESS: _____