



**Marathon and Lower Keys  
Association of REALTORS®  
5800 Overseas Highway #15  
Marathon, FL 33050**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_

**Member Travel Reimbursement Form \*Please attach itemized receipts\***

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

Date \* \_\_\_\_\_ Purpose & details of trip \*\*\* \_\_\_\_\_  
Location \*\* \_\_\_\_\_ Social Security No \_\_\_\_\_  
Original receipts \_\_\_\_\_ Provide for personal plane usage only.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL
Date *								
Location **								
<b>Expense Item</b>								
Air Fare								
Lodging								
Meals #								
Breakfast & tip								
Lunch & tip								
Dinner & tip								
Parking / tolls								
Personal Auto(miles)								
Mileage Rate @ .58 cts								
Rental Car & Gas								
Taxi, Limo & tip								
Telephone								
Tips (Hotel Services)								
Other (see reverse)								

Please skgn, scan and email to CEO@MLKAR.com

Overall Total

Less Charges

Balance Due Individual

Balance Due MLKAR

Purpose and details of travel **MUST** be described below: \*\*\*

**Payment Approval**

Amount Cost Center

I hereby certify that all expenses claimed above were incurred on official MLKAR business.

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_