Port Angeles Association of REALTORS®

EXPENSE REIMBURSEMENT REQUEST

**Today’s Date:**

**Name:**

**Phone:**

**Email:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date of Purchase** | **Description/Purpose of Expense** | **Amount** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
|  |  | **TOTAL** |  |

Please attach purchase receipts for each reimbursement amount you are requesting.

**RETURN THIS FORM WITH RECEIPTS TO PAAR Bookkeeper**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reimbursement Details:**

**Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emailed date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hand-delivered \_\_\_\_\_\_\_\_\_\_**

**Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mileage Reimbursement as of 1/1/2024 .67 per mile