

**2009 -TRAVEL REIMBURSEMENT FORM**  
**Wyoming Association of REALTORS<sup>®</sup>**  
 951 Werner Court, Suite 300, Casper, WY 82601  
 Phone: 307-237-40852 \* Fax: 307-237-7929  
**Must be filed within 30 days of travel**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Trip Purpose: \_\_\_\_\_

For office use only
DATE: _____
Check No: _____

- **ORIGINAL** receipts must be attached - payment will not be made without original documenting receipts
- Mileage will be calculated at 55 cents per mile in 2009
- If you choose to drive in lieu of flying, reimbursement will be based on reasonable costs, but in no case will you be reimbursed for costs exceeding the applicable airfare

Date	Description	Amount	Acct. Code
<b>TOTAL</b>			

Total Amount Due:

Signature \_\_\_\_\_

WAR Authorization \_\_\_\_\_