Arkansas REALTORS® Association
11224 Executive Center Drive
Little Rock, AR 72211

2017 Expense

Must be submitted within 90 days of expenditure

Name:	
Position:	
Firm Name	
Mailing Address:	
City, State, Zip:	
Date of Request:	

Date	Select Unit Type	Amount *(miles/ dollars)*	Description Jan 1, 2017 thru Dec 31, 2017 (*.535 per mile)*	Amount	Appropriation *(ARA Use Only)*
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
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	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
	# of Miles			$ 0.00	
			TOTAL:	$ 0.00	

This expense report must be signed and completed with all receipts attached before it can be processed.

Signature:	**Date:**

ARA Use Only:

Approved by:_____ **Date:**_____

Check Number:_____ **Check Amount:**_____ **Check Date:**_____

Appropriation:_____