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

2020 Expense Report

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

Date	Description January 1, 2020 thru December 31, 2020—.575 per mile	Amount	Appropriation *(ARA Use Only)*
	TOTAL:		

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:_____