

# 2023 FLORIDA DENTAL ASSOCIATION TRAVEL EXPENSE REIMBURSEMENT FORM



Name \_\_\_\_\_

Mailing Address for check \_\_\_\_\_

Meeting attended \_\_\_\_\_ Dates \_\_\_\_\_ Location \_\_\_\_\_

## YOU CAN CONTRIBUTE YOUR TRAVEL REIMBURSEMENT TO THE FLORIDA DENTAL ASSOCIATION FOUNDATION (FDAF).

FDA members can designate their travel reimbursement for contribution by the FDA (on their behalf) to the Florida Dental Association Foundation (FDAF) as a charitable contribution [to this IRS approved 501 (c)(3) entity]. The contributing member will receive a notification from the FDA of the computed contribution amount along with their copy of the travel reimbursement form. Also, the FADF will send a separate IRS approved thank you letter/receipt to the contributing member. Please note below if you would like to contribute this travel reimbursement to the FADF.

Please remit my travel reimbursement to the FADF  
as a tax deductible charitable 501(c)(3) contribution.

MEMBER SIGNATURE \_\_\_\_\_

Reimbursement subject to policies in the separate FDA Travel Reimbursement Guidelines document (updated in August 2019).

To comply with IRS non-profit business travel guidelines, written travel receipts (or clear copies) are required to receive a travel reimbursement (exceptions being mileage, gratuities and minor travel expenses such as tolls, parking, taxi shuttle services less than \$25 per trip). For unusual or special types of expense reimbursement, or if required receipts are not available, please attach a sheet that explains the applicable expenses in more detail. Coalition-building meals expenses incurred for other dental associations or groups require pre-approval by the chair of the FDA Delegation to the ADA. The FDA does not reimburse business travel based on a "per-diem" calculation formula for general, meals or other expenses (only actual expenses are reimbursed). If an individual is reimbursed by another agency or entity (ADA, government, component, affiliate, etc.), the FDA or related entity is not responsible for expenses incurred. Completed form, with receipts attached should be mailed to :

**ATTN Accounts Payable, Florida Dental Association, 545 John Knox Rd, Ste 200, Tallahassee, FL 32303**

### PLEASE CHECK COMPANY:

- ☐ FDA
- ☐ FDA Services
- ☐ FDA Foundation
- ☐ FDAPAC

### PLEASE CHECK:

- ☐ Agency Member (council, committee, 17th Dist. Delegation, etc.)
- ☐ Bd. Dir/BOT
- ☐ FDA Officer
- ☐ Student Delegate
- ☐ Rep
- ☐ Other

### EXPENSE ITEMIZATION:

### TOTAL AMOUNT

#### Travel Expenses:

Coach air fare \$ \_\_\_\_\_

[and/or] mileage at 65.5 cents x \_\_\_\_\_ miles\* \$ \_\_\_\_\_

[and/or] car rental \$ \_\_\_\_\_

Portal-to-portal transportation \$ \_\_\_\_\_

(taxi, limousine, etc.) Note type of cost \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

#### Lodging expenses:

Single-room hotel rate only will be paid \$ \_\_\_\_\_

#### General expenses:

Meals (and meal tips) \$ \_\_\_\_\_

Other gratuities \$ \_\_\_\_\_

Tolls \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Other(describe) \$ \_\_\_\_\_

attach separate sheet if necessary

#### Reimbursement formula:

Total expenses \$ \_\_\_\_\_

Less expense advance received from FDA \$ \_\_\_\_\_

**TOTAL TO BE REIMBURSED (OR OWED)** \$ \_\_\_\_\_

This is a true and accurate list of authorized expenses I incurred while on official business for the Florida Dental Association or its five affiliated entities.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### FDA ACCOUNTING TO COMPLETE BELOW

CO# \_\_\_\_\_ Pur JL. MO \_\_\_\_\_ Vendor# \_\_\_\_\_ Check due date \_\_\_\_\_

#### Authorization for payment:

Reviewed	Account #	\$ Amount	Description
Acct. DP	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
		<b>TOTAL</b>	

\*2023 IRS milage rate is 65.5 cents per mile