## 2024 FLORIDA DENTAL ASSOCIATION TRAVEL EXPENSE REIMBURSEMENT FORM



Name				
Mailing Address for ch	neck			
Meeting attended		Dates		ation
FDA members can desig (FDAF) as a charitable co the computed contribut thank you letter/receipt Pleas	nate their travel reimbursem ontribution [to this IRS appro ion amount along with their to the contributing member se remit my travel reim	REIMBURSEMENT TO THE FLO eent for contribution by the FDA ( ved 501 (c)(3) entity]. The contrib copy of the travel reimbursement . Please note below if you would bursement to the FDAF e 501(c)(3) contribution.	on their behalf) to the Floric outing member will receive a form. Also, the FDAF will se like to contribute this travel	da Dental Association Foundation a notification from the FDA of end a separate IRS approved
Reimbursement subject To comply with IRS non- (exceptions being mileag types of expense reimb Coalition-building meals FDA does not reimburse reimbursed). If an indivise responsible for expenses	to policies in the separate FI profit business travel guideli ge, gratuities and minor travu ursement, or if required reci expenses incurred for other business travel based on a " dual is reimbursed by another s incurred. Completed form,	DA Travel Reimbursement Guideli nes, written travel receipts (or cle el expenses such as tolls, parking, pts are not available, please attac dental associations or groups req per-diem" calculation formula for	ear copies) are required to re taxi shuttle services less that h a sheet that explains the a juire pre-approval by the ch general, meals or other exp ient, component, affiliate, e mailed to :	an \$25 per trip). For unusual or special applicable expenses in more detail. air of the FDA Delegation to the ADA. The
PLEASE CHEC	CK COMPANY:	EXPENSE ITEMIZAT	ION:	TOTAL AMOUNT
FDA		Travel Expenses:		
FDA Se	rvices	Coach air fare [and/or]mileage at 6 [and/or]car rental	7 cents x m	\$ iles* \$ \$
FDA Fo	undation	Portal-to-portal trans	sportation	\$
		(taxi, limousine, etc.)	·	*
<b>FDAPA</b>	C	Parking Lodging expenses:		\$
PLEASE CHEC	`κ·	Single-room hotel rat	e only will be paid	\$
		General expenses:		Ŷ
	<b>Member</b> (council, nmittee, 17th Dist Delegate)	Meals (and meal tips)		Ś
		Other gratuities		\$
Bd. Dir/I	301	Tolls		\$
🔲 FDA Offi	cor	Telephone \$		
		Other (describe)		Ś
Student	Delegate	ati	ach separate sheet if necessary	·
	Delegate	Reimbursement fo		
🗌 Rep		Total expenses		Ś
Less expense advance received fro			received from FDA	\$
Other		TOTAL TO BE REIMBUR	<b>(SED</b> (OR OWED)	\$
This is a true and accura	te list of authorized expens	es I incurred while on official bus	iness for the Florida Dental	Association or its five affiliated entities.
	SIGNATURE	FDA ACCOUNTING TO COMPLETE B		DATE
CO#	Pur JL. MO	Vendor#	Check due dat	۲ <b>۵</b>
Authorization for payment:		ccount # \$ Amour	it Des	scription
Reviewed		\$		
Acct. DP	[	·	<u> </u>	
	I _	Ŷ		
		<u> </u>		
*mileage 67 cents revision	effective 1/1/2024	\$		
		ړ		

\$

TOTAL