

**2020 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 FDAF 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 Foundation:

Please remit my travel reimbursement to the FDAF _____
as a tax deductible charitable 501(c)(3) contribution. _____ MEMBER SIGNATURE

Reimbursement subject to policies in the separate FDA Travel Reimbursement Guidelines document (amended 12/2/2006 by the FDA Board of Trustees). 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 Road, Ste. 200, Tallahassee, FL 32303.

<p>PLEASE CHECK COMPANY:</p> <p><input type="checkbox"/> FDA</p> <p><input type="checkbox"/> FDA Services</p> <p><input type="checkbox"/> FDA Foundation</p> <p><input type="checkbox"/> FDAPAC</p> <p>PLEASE CHECK:</p> <p><input type="checkbox"/> Agency Member (Council, Subcouncil, Committee, 17th Dist. Delegate)</p> <p><input type="checkbox"/> Bd.Dir/BOT</p> <p><input type="checkbox"/> FDA Officer</p> <p><input type="checkbox"/> Student Delegate</p> <p><input type="checkbox"/> Rep</p> <p><input type="checkbox"/> Other</p>
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EXPENSE ITEMIZATION:

Travel Expenses:

Coach air fare and/or	\$ _____	Total amount
mileage @ 57.5 cents x _____ miles*	\$ _____	
And/or car rental	\$ _____	
Portal-to-portal transportation _____	\$ _____	
(Taxi, limousine, etc.) <small>Note type of cost</small>		
Parking	\$ _____	

Lodging expenses:

Single-room hotel rate only will be paid. \$ _____

General expenses:

Meals (and meal tips)	\$ _____
Other gratuities	\$ _____
Tolls	\$ _____
Telephone	\$ _____
Other (describe): _____	\$ _____
<small>(attach separate sheet if necessary)</small>	

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 _____

<p>Authorization for payment:</p> <p>Reviewed _____</p> <p>Acct. DP _____</p>

Account #	\$ Amount	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

* Mileage 57.5 cents revision effective 1/1/20, a 0.5 cent decrease from 2019 rate of 58 cents.

\$ _____ TOTAL