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.

EXPENSE ITEMIZATION:

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Pleasing check company:

☐ FDA
☐ FDA Services
☐ FDA Foundation
☐ FDAPAC

PLEASE CHECK:

☐ Agency Member (Council, Subcouncil, Committee, 17th Dist. Delegate)
☐ Bd.Dir/BOT
☐ FDA Officer
☐ Student Delegate
☐ Rep
☐ Other

Travel Expenses:

Coach air fare and/or
mileage @ 57.5 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 ___________________________

CO # ___________ Pur JL. MO ___________ Vendor # ___________ Check due date ___________

Authorization for payment:
Reviewed ___________________________ Acct. DP ___________________________

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