2023 FLORIDA DENTAL ASSOCIATION
TRAVEL EXPENSE REIMBURSEMENT FORM

florida dental ASSOCIATION SM

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 FDAF.

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 (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 _____
Acct. DP _____

**2023 IRS milage rate is 65.5 cents per mile*

Account #	$ Amount	Description
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
	$ _____ TOTAL	