



4411 Connecticut Ave NW Suite 401
 Washington DC 20008
 Phone: 202-248-3993
 Email: mfoley@medicaiddental.org

**2015 MSDA Symposium
 REGULAR Member Expense Reimbursement Form**

Name: _____

Address: _____

City, State and Zip: _____

SSN: _____

Meeting Dates: **May 31st-Junbe 2nd, 2015**

Travel Dates: _____

Expenses – All Receipts Required

Expense Item and Detail	Expenses	MSDA CARD	PERSONAL CASH/CARD	BILLED TO VENDOR
Registration Fees				
Airline or other Transportation				
Hotel- Maximum 2 Nights *NOTE: If room is charged to MSDA Master Account, this fee will be deducted from the \$800.00 stipend	MSDA Master Account			
Ground Transportation				
<i>Taxi- Home/Office to Airport</i>				
<i>Taxi- Airport to Hotel</i>				
<i>Taxi- Hotel to Airport</i>				
<i>Taxi- Airport to Home/Office</i>				
Meals -Allowable				
<i>Dinner - Monday, June 1st - \$36.00</i>				
<i>Dinner -Tuesday, June 2nd - \$36.00</i>				
Tips				
Other				
Total				

Maximum amount reimbursable: \$800.00

Signature _____ Date _____

FORM MUST BE RECEIVED WITHIN 30 DAYS OF EVENT