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**2014 MSDA Symposium
 BOARD Member Expense Reimbursement Form**

Name: _____

Address: _____

City, State and Zip: _____

SSN: _____

Meeting Dates: **June 8th-10th, 2014**

Travel Dates: _____

Expenses – All Receipts Required

Expense Item and Detail	Expenses	MSDA CARD	PERSONAL CASH/CARD	BILLED TO VENDOR
Registration Fees	N/A			
Airline or other Transportation				
Hotel- Maximum 3 Nights *NOTE: If room is charged to MSDA Master Account, this fee will be deducted from the \$1,200.00 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				
<i>Dinner - Monday, June 9 - \$36.00</i>				
<i>Dinner -Tuesday, June 10 - \$36.00</i>				
Other				
Total				

Maximum amount reimbursable: \$1,200.00

Signature _____

Date _____

FORM MUST BE RECEIVED WITHIN 30 DAYS OF EVENT