MSDA
MEDICAID | MEDICARE | CHIP
SERVICES DENTAL ASSOCIATION

2026 MSDA Symposium
State Member Expense Reimbursement Form

Name: _____

Address: _____ City, State and Zip: _____

SSN: _____

Meeting Dates: **MAY 3-5, 2026** Travel Dates: _____

Expenses – All Receipts Required

Maximum $1,200 Travel Stipend

Expense Item and Detail	Expenses		Total Paid
1. Registration Fees—PAID UPFRONT BY MEMBER • Attendee registers for symposium and pays registration fee via credit card.			
2. Airline or other Transportation: PAID UPFRONT BY MEMBER • Attendee arranges their own travel: Schedules and pays for flight, etc.			
3. Hotel- Maximum 3 Nights 1. Attendee makes room reservation and provides credit card information to hotel, to secure room. Cost of one night is "held" but not charged on credit card. 2. Upon arrival, lodging and tax costs are transferred to MSDA MASTER ACCOUNT. **3. These charges will be deducted from the $1,200.00 stipend for states that have paid dues.** 4. Attendee is responsible for all other incidental fees.			
4. Ground Transportation			
Taxi: Home/Office to Airport			
Taxi: Airport to Hotel			
Taxi: Hotel to Airport			
Taxi: Airport to Home/Office			
5. Meals included in Symposium Registration: • Sunday, May 3: Evening Reception • Monday, May 4: Breakfast, Lunch, Reception • Tuesday, May 5: Breakfast and Lunch			
Total			

Maximum amount reimbursable: $1,200.00 for States that have paid dues.

Signature _____ Date _____

Name _____

Rev. 1.1.2026
DIRECTIONS: Complete this form, scan this form with all receipts into one document and email to mfoley@medicaiddental.org

Reimbursement request must be received within 30 days of event.