



**2023 MSDA Symposium
State Member Expense Reimbursement Form**

Name: _____

Address: _____

City, State and Zip: _____

SSN: _____

Meeting Dates: **April 30 – May 2, 2023**

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 3 Nights <small>*NOTE: If room is charged to MSDA Master Account, this fee will be deducted from the \$800.00 stipend</small>	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>				
Other				
Total				

Maximum amount reimbursable: \$800.00

Signature _____

Date _____

Name _____

**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**