North Dakota Dental Assistant Outreach Reimbursement Request Form

Please 1) obtain pre-approval, 2) complete the form below, 3) attach receipts, 4) attach your W9, & 5) email to: info@smilenorthdakota.org

Date: _____

Name (First/Last): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Dental Practice: _____

Event Name: _____

Description of Reimbursement (After 5/1/2018)	Amount
High School Outreach / Career Fairs:	
Round trip miles x $0.58=	
Location:	
Date:	
Hours Worked:	
Total	

Office Use Only

Check # _____ Amount _____ Date _____

Request Received: _____

Reviewed by Committee: _____

Request Approved: _____ Denied _____

Denial Reason: _____

NDDF North Dakota Dental Foundation

North Dakota Dental Association

NDSCS Allied Dental Education