

North Dakota Dental Assistant Outreach Reimbursement Request Form

Please 1) review the DA policy, 2) complete the form below, 3) attach all receipts, 4) attach your W9, & 5) email to: admin@nddental.org

Date: _____

Name (First/Last): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Dental Practice: _____

Event Name: _____

Description of Reimbursement	Amount
High School Outreach / Career Fairs:	
Round trip miles x \$0.67=	_____
Location:	_____
Date:	_____
Hours Worked:	_____

Total

Office Use Only		
Check #	Amount	Date

Request Received: _____

Reviewed by Committee: _____

Request Approved: Denied

Denial Reason: _____

