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 $0.70=	
Location:	
Date:	
Hours Worked:	
Total	

Office Use Only

Check # _____ Amount _____ Date _____

Request Received: _____
Reviewed by Committee: _____
Request Approved: _____ Denied _____
Denial Reason: _____

NORTH DAKOTA Dental Foundation