THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Expense Reimbursement and Honorarium Request Form

Name: ______________________

Examiner#: ______________________
Leave blank if not a CDCA Examiner

Address: ______________________

Address: ______________________

City: ______________________

State: ________ Zip: ____________

Phone #: ______________________

Email: ______________________

What is the purpose of this reimbursement? (Only one examination or meeting per Request Form):

Exam: ______________________
(Indicate Site)

Dates ______________________
(Only Dates Attended (include calibration days))

Type ______________________
(Dental or Hygiene)

Meeting: ______________________
(Indicate Committee or Organization)

Dates: ______________________
(OnlyDatesAttended(include if travel day prior to meeting)

Purpose: ______________________
(Describe)

Note - Examiner Honorariums will be included with your reimbursement according to this schedule:
$400 per **Examination** Day, $350 per **Calibration** Day; $250 per **Meeting** Day; $100 for Travel Day to Meeting

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
Record Dates of Expense								Total	Account
Air (include receipt)									5030
Rental Car (include receipt)									5031
Rental Car Fuel (include receipt)									5031
Rail (include copy of ticket)									5030
Personal Auto - Total Miles Here →									
Calculated @ $.53.5 per mile									5031
Taxi/van/bus/limo (include receipts)									5031
Parking (include receipts)									
Tolls									5031
Lodging (include hotel bill)									5020
Misc. expenses (include receipts/explanation)									
									TOTAL DUE

YOU MUST SIGN/TYPE & DATE THIS FORM: ______________________ **DATE** ____________

Submit to the CDCA for reimbursement by sending to invoice@cdcaexams.org or by mailing to the CDCA at PO Box 34781, Bethesda, MD 20827. Please attach/include receipts.

THIS FORM MUST BE SUBMITTED TO THE CDCA WITHIN 30 DAYS OF YOUR TRAVEL

Revised 1/1/2017

Questions? Contact the CDCA - Ms. Shirley Nolan at snolan@cdcaexams.org or Mr. Jack Feldesman at jfeldesman@cdcaexams.org