MISSISSIPPI DIETETIC ASSOCIATION
Reimbursement Request for Expenses

Date Submitted:_____
Payable To:_____
Mailing Address:_____
_____
_____

BUDGET ACCOUNT CODE: (Please check accounts to be charged)

1. ADA Foundation
2. Awards
3. Committee Expense
4. Delegate
5. Diet Manual
6. FNCE—MDA meeting
7. Legislative
9. MDA Office Expense
10. Newsletter
11. Officers' Expense
12. President/President Elect Expense
13. _____

ACCOUNT #	DATE INCURRED	NATURE OF EXPENDITURE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL EXPENDITURE	_____
		ADVANCE FROM MDA	_____
		DUE THIS CHECK:	_____

Submitted by:_____

Approved by:_____
(Treasurer)

Date Paid:_____ **Check Number:**_____

SEND COMPLETED FORM TO MDA EXECUTIVE DIRECTOR:
Shelia Triggs, MS, RD, LD
2342 Park Place Drive **MDA Office Phone: 228-297-8972**
Gulfport, MS 39507 **Fax: 228-896-8516**