

RECEIVED

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B) OCT 10 2017



NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: Tara Levesque-Vogel Work Phone No. 603-882-7578

Work Address: 193 Kinsley St Nashua 03063

Office/Appointment/Employment held: Divner Dentist / President NH Board of Dental Exam

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity: (CDCA)

Name of Corporation or Entity: Commission on Dental Competency Assessments

Name of Corporate/Entity Representative: Dave Perkins, DMD

Work Address of Representative: P.O. Box 34781, Bethesda, MD 20827

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: 637.40 Date Received: submitted 9/29/17 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. Exact Estimate

Value of Expense Reimbursement: 637.40 Date Received: submitted 9/29/17 A copy of the agenda or an equivalent document must be attached to this filing. Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Exam for Dental Candidates

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer [Signature] Date Filed 10/3/17

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Expense Reimbursement and Honorarium Request Form



THE COMMISSION ON
DENTAL COMPETENCY
ASSESSMENTS

Name: Tara Levesque-Vogel
 Examiner#: 51377
Leave blank if not a CDCA Examiner
 Address: 54 Indian Rock Rd
 Address:
 City: Nashua
 State: NH Zip: 03063
 Phone #: 603-521-8100
 Email: tara.vogel@yahoo.com

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

Exam: UConn Meeting: _____
(Indicate Site) (Indicate Committee or Organization)

Dates: 9/15/17 Dates: _____
(Only Dates Attended (include calibration days)) (Only Dates Attended (include if travel day prior to meeting))

Type: Dental Purpose: _____
(Dental or Hygiene) (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**

Record Dates of Expense	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total	Account
Air (include receipt)					9/14/17	9/15/17			5030
Rental Car (include receipt)									5031
Rental Car Fuel (include receipt)									5031
Rail (include copy of ticket)									5030
Personal Auto - Total Miles Here →					120	120			
Calculated @ \$.53.5 per mile	0	0	0	0	0	0	0	0.00	5031
Taxi/van/bus/limo (include receipts)									5031
Parking (include receipts)						8			
Tolls						1			5031
Lodging (include hotel bill)									5020
Misc. expenses (include receipts/explanation)								637.40	
								0.00	TOTAL DUE

YOU MUST SIGN/TYPE & DATE THIS FORM: Tara Levesque-Vogel DATE 9/29/17 Email Form

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