



District Document Checklist

Accounts Receivable

RECEIVABLES

All forms should be emailed to districtaccounting@massdental.org

Credit Card and ACH payments should be made over the phone to Accounts Receivable at 508-449-6032

Checks should be made payable to the District and mailed to the Massachusetts Dental Society at 2 Willow St. Suite 200 Southborough, MA 01745

Sponsorship Checklist

MDS needs:

- ☐ Sponsorship Payment: Check should be made payable to the District and mailed to the MDS
- ☐ OR
- ☐ For Credit Card and ACH payments, please call Accounts Receivable at 508-449-6032
- ☐ Sponsorship Contract: Should be signed by both the sponsor and District leader

Sponsor might need:

- ☐ District W-9: Can be send to Sponsor if required;
Please contact districtaccounting@massdental.org for assistance.

Accounts Payable

DISBURSEMENTS

All forms should be emailed to districtaccounting@massdental.org and approvals will be handled through the Netsuite approval process.

Payments will be made within 2 weeks of receiving all documentation.

Involved parties will be informed when payments have been disbursed.

Disbursement Checklists

Service Invoice Disbursements:

- ☐ Contracts/Agreements – completed and signed by both parties (Chair or Treasurer may sign)
- ☐ Invoice Billed in the District's Name
- ☐ W-9 (if not on file)

Product Invoice Disbursements:

- ☐ Invoice Billed in the District's Name

Speaker/Performer Invoice Disbursements:

- ☐ Contracts/Agreements – completed and signed by both parties (Chair or Treasurer may sign)
- ☐ Check Request or Invoice Billed in the District's Name
- ☐ W-9 (if not on file)
 - **Note:** Disbursements over \$5000 are subject to 5% withholding per IRS regulation
Speaker/Performer will be provided 1099-MISC at end of year showing withholding deducted

Venue Invoice Disbursements:

- ☐ Contracts/Agreements – completed and signed by both parties (Chair or Treasurer may sign)
- ☐ Check Request or Invoice Billed in the District's Name
- ☐ W-9 (if not on file)

Reimbursement Disbursements:

- ☐ Itemized Receipt(s)
- ☐ Check Request

Approval Process

Send all required Documents to districtaccounting@massdental.org.

Approval will be obtained by the District Accounting team using Netsuite.

The District treasurer will receive an email stating "The following invoice requires your approval" along with the invoice details and backup documentation.

The District Treasurer should review all backup documentation attached and either click "Approve" or "Reject".

Upon clicking "Approve" or "Reject" they will be prompted to log in (**Logging in is NOT necessary**)

If the District Treasurer clicks "Approve" the District Accounting team will then receive an email stating the invoice has been approved with the expense impact details.
The invoice will then be processed for payment.

If the District Treasurer clicks "Reject" the treasurer should "Reply All" to the email stating the reason why the invoice has been rejected.