

BOOK EXPENSE REIMBURSEMENT FORM

TO: **GRADUATE MEDICAL EDUCATION
BRENT HOUSE 6TH Floor – Room 634**

Date _____

Please approve the following BOOK Related Expenses:

Original paid receipts must accompany this form and must be taped on an 8½ by 11 piece of paper
(for micro-fiche record retention purposes once submitted to Account Payable):

DATE	Description, Nature and Purpose of Expense (include names & titles of book)	TOTAL
LESS PERSONAL EXPENSE ()		

REIMBURSEMENT ALLOWED

TOTAL _____

Charge Account # **0130/84216** Cost Center # _____ Account Unit # _____

Check payable to: _____ SS# _____
Name (please print)

MAIL CHECK

Home Address _____

City, State and Zip Code _____

Beeper # _____

Program Director Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Academics Signature _____ Date: _____

NOTE: Original Receipts Required. If you make your purchase over the internet you must attach the complete internet receipt showing your credit card payment information and zero balance owed: or a copy of your monthly credit card statement showing the internet debit. Accounts Payable will NOT ACCEPT only an Internet Receipt unless your card number & dollar amount shows

Questions: Contact Grad Med Educ – Margaret Saux X 22661