



Reimbursement Request

Name: _____

Position:

- Resident/Fellow
- Administrative Associate
- Key Faculty
- Program Director

Mailing Address: _____

Amount Requested: \$ _____ Total Cost: \$ _____

Description of Expense:

Purpose of Expenditure:

Percentage of Business Use: _____% Not Applicable (no personal use - i.e. books, dues, etc.)
(Percentage MUST be indicated for all personal electronic devices i.e. laptop, ipad)

Funding Source:
 Educational Funds - Resident
 Resident/Fellow Research
 Other: _____

Signature: _____
By signing this form I certify that this expenditure has a direct Educational/Business purpose and is in accordance with GMEI policies and procedures.

Program Administrator's Signature: _____ Date: _____
(Required for Residents/Fellows)

Program Director's Signature: _____ Date: _____
(Required for Key Faculty)

***Documentation of the expense must be attached to this form or the request will not be processed.
For overnight travel please use Travel Expense Report***