Department of Surgery Housestaff Trip Reimbursement

MUST BE SUBMITTED WITHIN 90 DAYS OF TRIP
Must Attach Original Receipts and Copy of Approved Authorized Absence Form

Name: ________________________________ Employee Number: ________________________________

Date/Time Departed Philadelphia: ______________________________________________________

Presentation Date/Time: ________________________________________________________________

Date/Time Returned to Philadelphia: _____________________________________________________

Expense Summary:

$ ___________________ Airfare

$ ___________________ Meeting Registration Fee for Residents

$ ___________________ Per Diem Expenses Total (itemize below)

   Hotel: # days registered = __________________
          Single rate/day = $ __________________

   Meals: $ __________________

$ ___________________ Misc. Expenses (itemize)

$ ___________________ TOTAL

Signature: ________________________________ Date: ______________

FOR BUSINESS USE

Approve/Disapprove: Director, Surg EDU __________________________ Date: __________

Approved Amount: __________________

Check Delivered to Housestaff Member: __________________________ Date: __________

This completed Reimbursement Request for a Previously Approved Authorized Absence will be forwarded to Laura Huth (4 Maloney, 215-662-6156). The Reimbursement amount will then be determined in accordance with the Department and Institutional policies.