



# COM Student Reimbursement Application Form – 2020

**NOW \$300.00 PER CALENDAR YEAR - GUIDELINES ON REVERSE**

**\*Please note that receipts must be submitted within 60 days of conference/event to qualify & reimbursement pertains to expenses incurred within that calendar year.**

Name: \_\_\_\_\_ Class Year: \_\_\_\_\_ Program: MD MPH

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred check delivery method:  Mail to address above  Will pick up at Medical Alumni Office

Type of Event: (please check one)  Seminar  Conference  Project  Other: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Why event is important to your medical education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Items requesting reimbursement for:** (see guidelines on reverse of page)

- Registration Fee \$ \_\_\_\_\_
- Airfare \$ \_\_\_\_\_
- Lodging \$ \_\_\_\_\_
- Ground Transportation \$ \_\_\_\_\_
- Parking/Tolls \$ \_\_\_\_\_
- Meals \$ \_\_\_\_\_

I am not requesting reimbursement for alcohol - (please check)

Copy/Printing \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

**Total Requested** \$ \_\_\_\_\_

*I acknowledge that I have submitted all ORIGINAL receipts and documentation to the Medical Alumni Foundation that pertain to this request and have notified the office of any other sources of funding I have/may be receiving.*

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

**OFFICE USE ONLY:**

AMOUNT APPROVED: \$ \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ INITIALS: \_\_\_\_\_

## Guidelines for COM Student Reimbursement Application

The Medical Alumni Foundation wishes to assist COM medical/MPH students with expenses incurred by attending or presenting at medical seminars, conferences, missions trips or other medical or academically related events, *except if required course/elective credit is given*. ALL ORIGINAL SUPPORTING DOCUMENTATION OF TRAVEL AND CONFERENCE RELATED EXPENSES SHOULD BE STAPLED TO THIS APPLICATION FOR APPROVAL.

**IMPORTANT NOTE:** A **MAXIMUM \$300.00** reimbursement amount per student; per **CALENDAR** year (January through December) is allowed. **\*Please note that receipts must be submitted within 60 days of conference/event to qualify and Reimbursement pertains to expenses incurred within that calendar year.**

- All requests should be submitted **AFTER THE EVENT**. No applications will be approved prior to the event.
- Each request is subject to the approval of the Executive Director/Associate Director of the Medical Alumni Foundation and may be adjusted prior to approval.
- Expenses **MUST NOT** be covered by other grant sources. Indicate if you are receiving partial funding from another source.
- Expenses **WILL NOT** be reimbursed for any costs incurred by applicant for another students/persons expenses. If expenses were shared between multiple students, proof of payment by each individual must be provided and the Medical Alumni Foundation will only reimburse for the payments of the individual submitting the request.
- Reimbursement requests can take up to 2 weeks for processing. A check will be mailed to the address provided on this application, unless otherwise indicated.
- It is always recommended to contact the Medical Alumni Office prior to attending the conference to confirm that your expenses will be covered.

### DOCUMENTATION:

- Proof of attendance is **REQUIRED**. Provide registration documentation (confirmation email is acceptable) **and** any materials received at the conference (name tag, program, certificate, picture from conference, pic of name tag etc.).
- If the conference or event was for a class, please have your professor or mentor send us an email confirming your attendance. They can email [medalum@upstate.edu](mailto:medalum@upstate.edu).
- Funding requests require **ORIGINAL** receipts with a zero balance. Examples include:
  - Confirmation of registration and/or associated costs
  - Gas receipts / Toll receipts (*Gas must be purchased within 1 week of conference*)
  - Rental car receipts and agreements / Uber or Lyft receipts
  - Airfare confirmation, ticket stub and/or associated costs
  - Overnight accommodations reservation and/or receipts (*indicate if shared room with other students and have all add signature*)
- **Meals:** Do not submit another student's meal costs. Request separate checks when dining with others who may have attended the same event, if possible. The **MAXIMUM** meal reimbursements per day (beginning the day prior to the start of your conference and ending the day after your conference end) are: **\$10 for breakfast; \$10 for lunch; \$20 for dinner**. No exceptions.
- Examples of expenses **NOT ALLOWED** include but are not limited to:
  - Meals for other students
  - Snacks/Alcohol
  - Moving expenses

### AAMC CONFERENCES:

- The Medical Alumni Foundation will reimburse a COM medical student up to \$500 for attending an Association of American Medical Conferences (AAMC) conference as a representative of Upstate. This reimbursement will use the same guidelines as above. If a student requests a reimbursement for an AAMC conference, they forfeit receiving their \$300 reimbursement for other conferences throughout the same year.

### QUESTIONS & SUBMISSIONS:

Medical Alumni Office  
Setnor Academic Building #1510  
750 East Adams Street  
Syracuse, NY 13210

Tel: (315) 464-4361  
Fax: (315) 464-4360  
Email: [medalum@upstate.edu](mailto:medalum@upstate.edu)

Applications are available in our office  
or online at:  
<http://medalumni.upstate.edu/reimbursement>