

UPSTATE
MEDICAL UNIVERSITY
NORTON COLLEGE OF MEDICINE

Norton College of Medicine Student Reimbursement Application Form

MD and MPH students may request up to **\$300** per calendar year. See guidelines on reverse.

All required documentation must be submitted within 60 days of the end of your event.

Name: _____ **Class Year:** _____ **Program:** **MD** **MPH**

Address: (include apartment number) _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

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

Type of event: **Seminar** **Conference** **Project** **Other:** _____

Name of event: _____

Event location: _____ **Date(s) of event:** _____

Why event is important to your medical education: _____

I am requesting reimbursement for:

Registration Fee \$ _____

Airfare \$ _____

Lodging \$ _____

Ground Transportation \$ _____

Parking/Tolls \$ _____

Meals (see max allowance on reverse) \$ _____

I am not requesting reimbursement for alcohol

Copying/Printing \$ _____

Other expenses \$ _____

TOTAL REQUESTED (max \$300) \$ _____

OFFICE USE ONLY

*I acknowledge that I have submitted all original receipts **and proof of attendance (see reverse)** to the Medical Alumni Foundation that pertain to this request and have notified the office of any other sources of funding I have received for this trip.*

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, medical mission trips or other medical learning opportunities, *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. An advance registration receipt is NOT acceptable as proof of actual attendance. Provide any materials received at the conference (name tag, program, completion certificate, picture from conference, pic of name tag etc.). VIRTUAL CONFERENCES require proof of attendance from conference organizer.**
- 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; \$25 for dinner**. No exceptions.
- Examples of expenses **NOT REIMBURSED** include but are not limited to:
 - Meals for other students
 - Snacks or alcohol
 - Moving expenses
 - Cash value of frequent flyer miles, hotel points, or coupons
 - Equipment or vaccinations required for participation in an educational meeting or seminar
 - Travel or registration costs for testing, testing prep programs/courses, licensing or residency interviews

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

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