

EXAMPLE
Funding provided by the Brentwood Foundation and South Pointe Hospital GME Department

*******EXAMPLE OF REQUEST TO SEND A CHECK TO A VENDOR, NOT A REIMBURSEMENT TO RESIDENT*******

List only items of same category on one stipend form. Example – use one form for books, one form for fees/dues/licenses. Do not use this form for travel. **DO NOT** staple documents, use a paper clip.

Resident Use of Stipend Request Form – to be used for educational materials, books, dues, fees, licenses. **ALL** information must be completed in order to submit this form.

Date: 8-2-2011

Name: John White

Address: 1234 Mulberry Street

City, State, Zip Code: South Euclid, OH 44121

Employee ID Number: 123456

PGY: PGY2

Program: Family Medicine

PAYMENT TO BE MADE TO: American Osteopathic Association
(All original receipts must be attached to this form for reimbursement)

Address: 142 E. Ontario Street

City, State, Zip Code: Chicago, IL 60611

Total Amount: \$69.00

Reimbursement for (if applicable): N/A

Requestor's Signature: _____

DME Signature: _____

Check request approved and sent to AP: _____
Date Name

Receipts and other proofs of purchase must be attached to this form. Non-cancelled checks and quotes are not acceptable documentation. Credit card statements do not constitute a receipt of purchase. Sales tax is reimbursable.

Place in the file folder outside Donna Barton's office in the GME Department – Room# B1-186. Thank you.