**Resident and Fellow Educational and Professional Development Fund
Reimbursement Application**

* Please fill out information in white boxes of relevant tables below (in the relevant section):
	+ Conference/Travel-related reimbursements – requires a justification/educational purpose
	+ Non-travel reimbursements (in defined categories)
	+ Non-travel reimbursements in the “other” category – requires a justification/educational purpose
* All reimbursement requests must be submitted within 120 days of purchase to be eligible for processing. The Resident and Fellow Educational and Professional Development Fund Policy is effective **December 13, 2024**. Any requests submitted for purchases made before this date are not eligible for reimbursement.
* Approval and signature from program (program director or designee) is required
* Original receipts/documents are required for each item/transaction and described in section notes.
* Supporting materials (e.g. brochures, agendas, nametags) may be requested/required.

|  |  |
| --- | --- |
| Resident/Fellow Name |  |
| Resident/Fellow UB Email Address |  |
| Program Name |  |
| Program Leader Name (Program Director or designee) |  |
| Program Leader Signature |  |
| Date of Signature (MM/DD/YYYY) |  |
| TOTAL OF ALL REIMBURSEMENT REQUESTS DETAILED BELOW | $ |

**CONFERENCE/TRAVEL RELATED REIMBURSEMENTS**

**CONFERENCE DETAILS** *(Information in table below required if any conference/travel reimbursements are requested)*

|  |  |
| --- | --- |
| Conference Name |  |
| Conference Dates |  |
| Conference Location |  |
| Explain how this conference supports your professional development and aligns with your residency program goals. (Max 300 words) |  |

**Registration Fees** *(Attach registration receipt, detail of items covered in registration fee, conference program/itinerary, nametag, and proof of PD/designee pre-approval to attend.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Date (MM/DD/YYYY) | Conference/Meeting Name | Fee |  |
|  |  | $ |  |
|  |  | $ |  |
| **TOTAL AMOUNT FOR Above Registration Reimbursement Request** | $ |

**Hotel** *(Attach original itemized receipt and documentation of conference single room rate if applicable. Meals included on lodging receipt should be listed on the table below under Meals and also require a separate itemized receipt.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (MM/DD/YYYY) | Hotel Name | Daily Room Rate | Tax |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
| **TOTAL AMOUNT FOR Above Hotel Reimbursement Request** | $ |

**Meals** *(Attach original itemized receipts showing place of service, date of service, # persons, items purchased & cost per item. Meals are reimbursed up to the maximum allowable for the destination city – found at* [*https://www.gsa.gov/travel/plan-book/per-diem-rates*](https://www.gsa.gov/travel/plan-book/per-diem-rates)*. No alcohol can be reimbursed. Taxes and tip are allowable.)* *Food reimbursement is for conferences with overnight travel only.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date (MM/DD/YYYY) | Service Provider | Amount |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| **TOTAL AMOUNT FOR Above Meal Reimbursement Request** | $ |

**Airfare** *(Attach original itemized invoice or receipt, and airline passenger coupon or boarding pass)*

|  |  |  |  |
| --- | --- | --- | --- |
| Date (MM/DD/YYYY) | Airline | Amount |  |
|  |  | $ |  |
|  |  | $ |  |
| **TOTAL AMOUNT FOR Above Airline Reimbursement Request** | $ |

**Ground Transportation/Parking** *(Taxi/Ride Share - attach original receipt including vendor name and date of service, pick-up and drop-off locations; Car Rental - attach itemized car rental agreement and memo justifying car rental; Mileage - attach arrival and departure location(s), on-line travel tool illustration of mileage, current IRS milage rate for business:* [*https://www.irs.gov/tax-professionals/standard-mileage-rates*](https://www.irs.gov/tax-professionals/standard-mileage-rates) *; Parking - attach original itemized and dated receipt). Travel associated with daily routine activities is NOT refundable.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date (MM/DD/YYYY) | Service Provider | Amount |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| **TOTAL AMOUNT FOR Above Ground Transportation/Parking Reimbursement Request** | $ |

**NON-TRAVEL RELATED REIMBURSEMENTS – Defined Reimbursement Categories**

*(Attach itemized proof of purchase or confirmation receipt)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (MM/DD/YYYY) | Defined Reimbursement Category:(type one of the following)* Textbook
* USMLE Step 3 Registration
* ABMS Board Exam Registration (for portions completed during residency)
* Board Review Course
* Board Preparation Materials
* Computer or Smartphone (only one time during training)
 | Name/Title | Amount |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| **TOTAL AMOUNT FOR Above** | $ |

**NON-TRAVEL RELATED REIMBURSEMENTS – “Other” category**

*(Attach itemized proof of purchase or confirmation receipt. Write a justification for each expense.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (MM/DD/YYYY) | Name/Title | Explain how this expense supports your professional development and aligns with your residency program goals. (Max 300 words) | Amount |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| **TOTAL AMOUNT FOR Above**  | $ |