

STEP 1 Pre-Approval



Resident/Fellow Request Form 2023 -2024

Name: _____ Date: _____

☐ Request to use Educational Stipend Funds to purchase the following items:

Name & description	Estimated Cost

☐ Request to use Educational Stipend Funds to attend the following conference:

Name of conference	Location (City, State)	Dates of conference
Conference Registration		\$
Lodging/Hotel (may not exceed \$150/night; double occupancy required when multiple residents of the same sex are attending same event)		\$
Mileage (# of mileage round trip x \$ current IRS approved rate; carpooling required when multiple residents are attending the same event)		\$
Flight from _____ to _____		\$
Meals (may not exceed the per diem rate)		\$
Other (include description):		\$

☐ Request to use program funds in the amount of \$_____ for:

Presenting A Poster

☐ Request to order poster to present research and/or scholarly activity.

Expenses will not be reimbursed if prior approval is not received and recorded by the Office of GME. All expenses submitted for reimbursement require an original, itemized receipt. A summary credit card receipt will not be sufficient for reimbursement. All expenses shall be submitted to the GME Office, along with the Request for Reimbursement Form, within 10 days of the purchase. The final date to submit receipts for the fiscal year is June 1st. Receipts submitted after this date will not be processed. By signing below, I confirm that I have read this reminder and reviewed the policy included in the current Resident Handbook.

Signature & Date

APPROVALS _____ Program Director _____ Director of GME _____ Designated Institutional Official

STEP 2



Resident/Fellow Reimbursement Form 2023 - 2024

Name: _____ Date: _____

ITEMS WHICH DO NOT REQUIRE PRE-APPROVAL

	Application Fee for PTL *Required: copy of PTL	Due upon receipt of PTL (within 10 days)
	COMLEX Level 3 (attach passing score & receipt; residents only)	No later than December 1 of PGY2
	USMLE Step 3 (attach passing score & receipt; residents only)	No later than December 1 of PGY2
	Mileage for required away rotation Name & Location of rotation: Number of round-trips, including orientation: *Required: Attach a copy of your schedule for the site. Duty hours must be logged and must match work schedule.	Due within 10 days of end of rotation/block
	Initial Licensing Fee for full unrestricted medical license *Required: copy of license *Must be an active employee of Kaweah Health at the time fee paid & when the license is issued	Due upon receipt of license (within 10 days)

PRE-APPROVAL REQUIRED

	Reimbursement for Educational Stipend purchases Description: *REQUIRED: Attach itemized receipt. Due within 10 days of purchase.	\$
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PRE-APPROVAL REQUIRED

	Reimbursement for Non-Educational Stipend purchase Description: *REQUIRED: Attach itemized receipt. Due within 10 days of purchase.	\$
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