

**REQUEST FOR AUTHORIZATION TO PURCHASE RESIDENCY-RELATED
EDUCATION MATERIALS AND SERVICES**

Residents are reminded that prior approval by Program Director is required for reimbursement, and that all residents are expected to use the Educational Allowance to attend at least one scientific meeting or medical conference during the course of their residency.

NAME: _____ TL (Check One): 1 2 3 4 5 6

RESIDENCY PROGRAM: _____ DATE: _____

DESCRIPTION OF MATERIALS OR SERVICES TO BE PURCHASED:

ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____
ITEM: _____	PRICE	\$ _____

TOTAL \$: _____

Library Orders: Book Price(s): \$ _____ Discounted Price (15% Off): \$ _____

TOTAL AMOUNT REQUESTED: \$ _____

Requests for reimbursement for items already purchased must have receipts attached showing form of payment. Requests for conference advances or reimbursement must include copy of conference brochure. Requests for Medical Library book orders must include the price of the books (obtained from the Library), the discount amount (15% calculated on each book), and the total amount requested.

I regard the materials and/or services identified above as relevant to residency education.

Program Director Signature: _____ Date: _____

After approval by the Program Director, the identified items may be purchased by the resident. To request reimbursement under your educational allowance benefit (maximum \$1200.00 per year), forward this form, together with receipt(s) or OSF travel form to: GME through your in house mail, address to GME, UICOMP.