

OCHSNER HEALTH SYSTEM

BUSINESS EXPENSE REIMBURSEMENT FORM

This form is to be used by employees for Reimbursement of Business Related Expenses that are not overnight Travel or Seminar related. For example, expenses of departmental retreats or of attending a local Seminar or Meeting would be included here. The Seminar Registration Check Request and Related Travel Approval Form or the Mileage Reimbursement form is to be used for all other Reimbursement requests. Please have this form signed by your Program Director. This form, with all backup documentation, can be scanned and e-mailed to your Program Manager. Your Program Manager will send to GME Office (donnika.hess@ochsner.org) for processing.

Employee's Name: _____

Address: _____

Phone Number: _____

Program: _____

Acct. Name and Number: _____

Scanned Original Itemized Receipts Required

Date	Description, Nature and Purpose of Expense (include names & titles of other parties involved)	Total
	Mileage Related to above events only _____ x .585cents/mile	

GRAND TOTAL: _____

Employee Signature: _____ Date: _____

Approved By: _____ Title: _____
Program Director's Signature

Academic Affairs: _____ Date: _____
Donna Guidroz, Director - Graduate Medical Education

* Please attach attendee list for all events.

* Please allow at least 6-8 weeks for processing and transit time.