



**SEMINAR REGISTRATION CHECK REQUEST & RELATED TRAVEL REIMBURSEMENT AND APPROVAL FORM**

This form is to be used by employees requesting advance payment of registration fees for seminars and/or meetings. Please have this form approved and signed by your Program Director. Submit the signed form along with all receipts to your Program Manager. Your Program Manager will send to GME Office (sgalindo@ochsner.org) for processing.

**REGISTRATION FEE SECTION**

OCF CO. CODE: 5025 COST CENTER # \_\_\_\_\_ G/L EXPENSE # \_\_\_\_\_ Activity Unit \_\_\_\_\_

DEPARTMENT NAME AND PHONE NUMBER: \_\_\_\_\_

Approval: I, \_\_\_\_\_ do hereby authorize \_\_\_\_\_ Registration Fee for this conference  
 (Program Director's Signature) Total of Check)

Academics Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Registration Fee Section** Employee Attending: \_\_\_\_\_ Date(s) of meeting: \_\_\_\_\_  
 Registration Fee Payable To: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_

**NOTE: REGISTRATION FORMS TO ACCOMPANY CHECK REQUEST - ORIGINAL & ONE COPY**

**TRIP EXPENSE REPORT**

\*Name of Conference/Event: \_\_\_\_\_

\*Reimbursed by:  GME Dept.  Fund # \_\_\_\_\_  Senior Trip  Poster Presentation

Employee's Name: \_\_\_\_\_ Beeper No: \_\_\_\_\_  
 Employee Home Mailing Address \_\_\_\_\_  
 Employee SS # \_\_\_\_\_

**Trip Expenses**

**Scanned Original Itemized Receipts Required**

Day/Date	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	TOTAL
	/	/	/	/	/	/	/	
Meals - 840003								
Hotel - 840003								
Airfare - 840003								
Rental Car - 840003								
Mileage Amount - 840003								
Registration Fee - 840000								
Other (Describe) 840003								

If you traveled by car, please indicate total mileage traveled: _____ miles @ .51 cents per mile = \$ _____ (should agree to mileage amount above)		Total Expense	
<b>GME INFORMATION BELOW:</b>		Less Personal Expenses Included	
Cost Center	840003 Total	Net Expense	
Cost Center	840000 Total	Amount Due Employee	

Travelers' signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
 Program Director's Signature Date Donna Guidroz, Director - Graduate Medical Education Date

### DAILY WORKSHEET FOR MEALS

**Sunday**      **Monday**      **Tuesday**      **Wednesday**      **Thursday**      **Friday**      **Saturday**  
\_/\_      \_/\_      \_/\_      \_/\_      \_/\_      \_/\_      \_/\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
<b>Total</b>							

NOTE: Please list only your daily totals for meals on page 2

NOTE: Please ensure that Presentation Topic is included with reimbursement documentation