



Student Reimbursement Application Form – 2012
(requests should be for academic purposes only)

Date: _____ Program (please circle one): MD MPH Class Year: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date of Event: _____ Event Location: _____

Type of Event: (please check one)

Empty box for Seminar

Empty box for Conference

Empty box for Project

Empty box for Other

Seminar Conference Project Other _____

Reason this is important to your medical education:

I acknowledge that I have submitted all documentation to the Medical Alumni Association regarding any other sources of funding I have received for this request.

AMOUNT REQUESTING: \$ _____ STUDENT SIGNATURE: _____

AMOUNT APPROVED: [] APPROVED BY: _____ (Authorized Signature)

GUIDELINES:

- Please note that the maximum allowable reimbursement amount per Calendar year is \$250.00
All funding requests must be submitted within same calendar year. You will not receive funding for any event from the prior year
You must provide original travel related receipts and will be approved/denied for reimbursement AFTER THE EVENT
Expenses MUST NOT be covered by other grant sources
Expenses WILL NOT be reimbursed for any costs incurred by applicant from other students/persons expenses
Proof of attendance is necessary
The maximum meal reimbursement per day is as follows: \$10 for Breakfast, \$10 for Lunch and \$20 for dinner
Each request is subject to the approval of the Executive Director of the Medical Alumni Association

Examples of some expenses NOT ALLOWED (please contact the Alumni Office if you have any questions):

- Meals for other students -Snacks -Additional lodging costs
-Alcohol -Moving expenses

Contact:

Setnor Academic Bldg #1510, 750 E. Adams St. Syracuse, NY 13210 Tel: (315) 464-4361 Fax: (315) 464-4360
E-Mail: kussv@upstate.edu Visit us at: www.upstate.edu/medalumni

Certain scholarships & grants are considered taxable income even if not reported to you on a form W-2 or form 1099. Please consult IRS Publication 970 Tax Benefits for Education or a tax professional.

OFFICE USE ONLY:
DATE PAID: _____