

**Department of Medicine
UC Irvine Health/SEIU Healthcare**

Reimbursement Policy for Education & Conference Fees

Each resident and fellow within the Department of Medicine is allotted \$1,500 for the 2021-2022 academic year towards educational expenses. The stipend is for the designated academic year only; unspent balances do not carry over into the next year. Expenses in excess of \$1,500 are not reimbursable under this policy.

As the purpose of the stipend is to enhance the educational experience of each resident, the funds may be utilized for the following:

- Residency or Fellowship Related Conferences: registration, airfare, accommodations, transportation, meals
 - All travel must be in accordance with University policies and procedures for travel
- Courses: registration and / or travel expenses for in-person courses
- Online courses / webinars: registration fees
- Board study materials, specialty-specific books, electronic medical books
- Educational software
- Professional memberships that are relevant to your residency or fellowship program
- Journals not available through the UCI Library
- Educational equipment such as tablets/iPads, laptops, desktop computers (only 1 of each allowed during residency/fellowship training)

This fund does not apply to the purchase or renewal of the following:

- Certifications that are non-essential to the residency or fellowship program
- Non-medical books
- Gift Cards
- Travel for interviews
- Any other items that do not fall within the scope of the stipend's mission

All requests are subject to approval by the Program Director. Final financial approval must be received from the Program Coordinator via an internal request form (see "Orders & Reimbursements" below). Any request that do not fit the above categories will require approval by the Department Chair.

The resident or fellow must provide documentation of the incurred eligible expense along with the request for reimbursement to the Program Coordinator.

Valid receipts are those that show the payment amount and method of payment. The receipt must contain the following:

- Your name (with the credit card used matching your name)
- Name of the item(s) purchased
- Item quantity and total amount of purchase
- Amount charged to your credit card
- A balance of zero for the order
- Receipt must be itemized
- All receipts turned in for reimbursement, must be the original receipt, photocopies will not be accepted

For deliveries:

- Item must be delivered to your name
- Packing slip showing you received the item

When you are making a purchase, make sure to ask for an itemized receipt.

Receipts must be sent in for reimbursement within 30 days of purchase.

Reimbursement can take up to 4 weeks for signature and approvals.

Reimbursements will be paid via direct deposit directly into your account but will show up separately from your payroll check.

You should receive an e-mail from the KFS system regarding the deposit within 15-30 days after processing.

When you receive an email from KFS regarding your reimbursement, please make sure to scroll to the bottom and click on “approve”, otherwise your reimbursement will be stalled and payment will be delayed.

The most common types of supporting documents are receipts, invoices, and proofs of payment. Here's the information that should be included on each:

Itemized Receipt	Invoice	Proof of Payment
<p><i>An original document from the merchant showing:</i></p> <ul style="list-style-type: none"> • Merchant's name • Transaction date • Amount paid • Description of purchased item(s) • Description of additional charges (taxes, service, delivery, etc.) • Form of payment used 	<p><i>An original document from the merchant showing:</i></p> <ul style="list-style-type: none"> • Merchant's name • Invoice date • Amount billed • Description of billed item(s) • Description of additional charges (taxes, service, delivery, etc.) 	<p><i>Often needed in tandem with an invoice. The following are common proofs of payment:</i></p> <ul style="list-style-type: none"> • Credit card sales slip • Monthly credit card statement (when you don't have a receipt and the purchase was made with a personal credit card) • Please note that a credit card is the preferred method of payment

Expense Type	KFS eDoc Type	Required Supporting Documentation	Other Considerations
Travel Expenses	Travel Reimbursement (TR)	<p>Itemized receipts <i>with</i> proof of payment are required for the following:</p> <ul style="list-style-type: none"> • <u>Airfare:</u> must include the ticket number & boarding passes • <u>Lodging:</u> hotel receipts must be itemized with dates of stay, room charge, and taxes. Rooms must be economical; suites will not be covered. All room service charges require an itemized receipt. • <u>Registration Fees:</u> a brochure or document with information regarding the purpose of the registration fee and the total amount paid • <u>Conferences:</u> Include the agenda • <u>Car Rental:</u> must include rental agreement number, total charge, and miles in/out; insurance coverage is not an allowable reimbursement. • <u>Food:</u> Meal reimbursements should be limited to actual reasonable costs incurred up to the maximum of \$74 per day (including tax and tip). Receipts for meals need to be individualized. If you go out to eat with a group, you need to get separate receipts for each individual wanting to get reimbursed. Alcohol is not an allowable reimbursement. <u>The Original itemized receipt is required.</u> 	<ul style="list-style-type: none"> • No package/bundled deals unless they are itemized for every expense: air, car, and hotel. • Make sure you explain the nature of the travel expenses in the notes section. This section is required. • For foreign nationals: The following completed forms must be attached to the check request: <ul style="list-style-type: none"> ○ Copy of passport ○ Copy of I-94 stamp on visa ○ Certification of academic activity

Department of Medicine Internal Medicine Residency Program
Request for Reimbursement

Program approval must be obtained **prior to purchase.**
All receipts must be submitted within **30 days of purchase.**

Name:

Date of Request:

Academic Year:

Prelim PGY-1 PGY-2 PGY-3

Residency/Fellowship Program: Internal Medicine Residency Program

Request for Reimbursement:

- Board Study Material
Title:
- Conference Expense
Conference Name:
- Course
Course Name:
- Educational Books/Journals
Title:
- Educational Equipment
Type of Equipment:
- Professional Membership
Name of Membership:
- Licensing Expense
Medical License Fees
Medical License Renewal
USMLE STEP 3
COMLEX 3
Other:

Purchase Amount: \$

Reimbursement Amount: *(completed by admin)* \$

Notes:

Approved by:

Program Director Signature

Date