

**Robert Wood Johnson Medical School
Office of Graduate Medical Education**

HOUSESTAFF BOOK ALLOWANCE AUTHORIZATION FORM

Please **Print**
Name:

_____ Last

_____ First

_____ MI

Employee ID# _____

PGY Year _____

Program: _____

Checks will be processed by your Department and deposited by the University into your account on file.

LIST OF ITEMS FOR REIMBURSEMENT

Note: Reimbursement - \$500 each academic year - Cost should include shipping and applicable taxes

BEGINNING BALANCE: _____

1. _____ COST: _____

2. _____ COST: _____

3. _____ COST: _____

4. _____ COST: _____

5. _____ COST: _____

TOTAL COST: _____

REIMBURSABLE AMOUNT: _____

You may use an additional form if more than 5 items were purchased.
Please see the instructions for a list of acceptable items for reimbursement.

HOUSESTAFF:

I understand that the book allowance is being reimbursed to me without being subject to federal and state taxes. I attest that the item for which I am requesting reimbursement meets the requirements for an unreimbursed employee expense under IRS guidelines. I am responsible for any penalties or fines from the IRS if the item in fact does not meet IRS guidelines.

Housestaff Signature

Date

APPROVALS:

Program Director – Signature

Associate Dean for GME

Signature

Date

Signature

Date

For GME Use Only:

Date Received: _____

Returned to Dept _____

NOT APPROVED

Comments:

Beg. Balance: _____

Total Exp.: _____

Balance Left: _____