Department of Family Medicine Expense Form
(Revised 01/2015)

Name: ___________________ Date: _________

Attached is a statement in the amount of $______________
(original receipt or invoice required)

Please □ pay the attached bill or □ reimburse me for payment made.

Clinical Practice Expenses (prorated from hire date)
** Locum Tenens clinicians are not covered for these expenses

- □ B.M.E. / Oregon Medical License
- □ Annual ABFP Maintenance Fee $200 only
- □ ABFM Recertification Exam
- □ D.E.A (exempt - John Saultz)
- □ Local Hospital Medical Staff Dues
- □ ACLS, □ ALSO, □ PALS or □ NRP

CME Expenses:
(CME expenses are subject to your annual allowance)

- □ CME Conference Registration
- □ CME Travel
- □ CME course & related material
- □ Other CME Expense:

Department of Family Medicine Annual Dues/Book Allowance:
(Two Dues and two Journals, Subscriptions or Books.)

- □ STFM
- □ MSMP
- □ AAFP
- □ OMA - Pre-paid by OHSUMG
- □ Other dues
- □ Professional Journal, Subscription or Book.

Expenses to be Paid by Grant or Department:
Grant or Department Account that will be charged:

Direct Business Expenses:
(Direct expenses will be used to calculate your OHSUMG monthly compensation)

- □ Other State license or Certification
- □ Other Dues, Book, Journals or CME above Dept Allowances
- □ Other Expense

Signature: ______________________________________
(Signature Required for Direct Business Expenses)

Forward to Lily Cha - Mail Code FM