

POLICY FOR HOUSESTAFF TRAVEL REIMBURSEMENT:

Article 14 of the CIR Contract: CONFERENCE REIMBURSEMENT (NEW):

"All housestaff who are presenting at a conference, which is approved for CME credits, shall be entitled to reimbursement for expenses related to a presentation at the conference. It is understood that related expenses be **consistent with the University's travel reimbursement policy (copy attached)** and shall include but not be limited to travel, materials, registration fees, lodging and food. Reimbursement for additional related fees shall be subject to approval by the Program Director.

"Presenting" is defined as the presentation of a paper to an audience as specified in the program or as a **first author of a poster**. The presenter will be reimbursed for only one presentation per poster. The "reimbursement term" would be the **day before, the day of and the day after the conference**. Exceptions can be made with the approval of the Program Director.

All requests to appear for presentation must be submitted to the Program Director for approval at least one (1) month prior to the presentation. Requests shall not be unreasonably denied. The Associate Dean of GME makes the final and binding decision. Completed travel authorization form shall be submitted to the GME Office prior to travel.

The above shall not affect an existing practice in which a program reimburses for fees and expenses in addition to what is described. All policies are contingent upon adherence to ACGME rules for duty hours as it relates to residents who remain on-site.

PROTOCOL FOR HOUSESTAFF TRAVEL REIMBURSEMENT:

1. Housestaff shall complete a UMDNJ Employee Travel Approval/Advance Report Form in accordance with UMDNJ Travel Related Reimbursement Policy 00-01-50-10:00 (copies attached) **at least one month in advance of proposed travel**. The form can be obtained from program office or general stores.
2. A copy of the conference brochure or other material that describes the conference must be included with the travel approval form. Please note that travel shall be approved for ONLY those conferences or meetings that offer continuing medical education credits.
3. A copy of the housestaff's abstract or poster must be included with the travel approval form. Housestaff must include a signed pledge or affidavit indicating that the abstract or poster has not been presented elsewhere. If a poster or an abstract is generated from previously submitted material, reimbursement will not be granted for the upcoming presentations of papers or posters with respect to that material. All posters must show that the housestaff is first author.
4. Travel Approval forms shall be approved by the program director and submitted to the GME Office for the Associate Dean's approval.
5. The GME Office shall procure budget approval and return the approved forms to the program office.
6. Housestaff shall reconcile the travel expense report form and submit all receipts, including all meal receipts, to the program director for approval and then to the GME Office for the Associate Dean's approval.
7. The GME Office shall procure budget approval and submit travel expense to accounts payable for reimbursement. Reimbursement checks shall be returned to the GME office and then to the housestaff member.

Travel Authorization Check List:

- _____ **Completed** Travel Advance Form:
 - _____ Print Name & Address
 - _____ UMDNJ ID Number
 - _____ Name of Conference, location
 - _____ Travel Dates
 - _____ Name of hotel
 - _____ Housestaff Signature
 - _____ Program Director or Chair Signature
 - _____ Complete "description" portion including daily rates
 - _____ Copy of airfare estimate
 - _____ Copy of hotel estimate
 - _____ Copy of registration costs – no additional class tuition or membership fees!
2 NIGHTS 3 DAYS ONLY!!!!

- _____ Abstract indicating housestaff as first author

- _____ Affidavit indicating abstract has not been previously presented elsewhere

- _____ Conference brochure:
 - _____ Front Cover with name, dates & location of conference
 - _____ Continuing medical education credits (CME)
 - _____ Registration costs
 - _____ Accommodation information, including rates

- _____ Index number and authorization if program pays for additional nights & days

Travel Expense Check List:

- _____ **Completed** Travel Expense Form:
 - _____ Print Name & Address
 - _____ UMDNJ ID Number
 - _____ Name of Conference, location
 - _____ Travel Dates: departure date/time; return date/time
 - _____ Itemize expense in appropriate column – should be NO other expense such as printing
 - _____ Housestaff Signature
 - _____ Program Director or Chair Signature
 - _____ Complete total columns vertically & horizontally
2 NIGHTS 3 DAYS ONLY!!!!

- _____ Attach all original receipts

- _____ Index number and authorization if program pays for additional nights & days