RUTGERS NEW JERSEY MEDICAL SCHOOL
GRADUATE MEDICAL EDUCATION

HOUSESTAFF BOOK ALLOWANCE REIMBURSEMENT FORM INSTRUCTIONS

Maximum Reimbursement Amount: $500
Deadline: December 31st

INSTRUCTIONS

PLEASE MAKE ALL PURCHASES BEFORE SUBMITTING FORM/RECEIPTS FOR REIMBURSEMENT
1. Complete and sign the form; attach your ORIGINAL receipts or PACKING SLIPS (make a copy of all documents for your
   program coordinator will route your approved form and receipts to the GME Office
2. Submit the form to your Program Director for approval.
3. GME Office will obtain approval from the Associate Dean for GME and Finance (1-2 weeks processing time)
4. Check request will be processed through Accounts Payable
5. Your reimbursement will be disbursed through your regular paycheck (1-2 payperiods after submission to Accounts Payable)
   - If you purchase items (identified on your receipt) but are not included on the form, taxes and shipping costs may be prorated.

PLEASE NOTE:
* You must complete the entire form; omissions may result in a decrease in reimbursement
* Receipt(s) must identify all items reflected on the form, payment confirmation, taxes and shipping (if applicable) must be identified in the receipt(s). An ORDER without payment confirmation is NOT PROOF OF PURCHASE AND YOUR REQUEST WILL BE DENIED.
* Items identified are subject to approval by the Associate Dean for GME. Please refer to the APPROVED/DISAPPROVED Book Allowance Reference List for examples.

APPROVED/DISAPPROVED Book Allowance Reference List

APPROVED: Medical textbooks, subscriptions to online medical databases (such as Up to Date), educational software, medical society membership fees, or towards USMLE STEP III or COMLEX. The following list provides examples of approved purchases (not a comprehensive list). If you have any questions please contact the GME Office or your Program Director.

1. Smart phones (any brand) or Tablets (any brand)
2. e-Books
3. Audio Books
4. Board Review- Books and Course Fees (Excludes travel expense to course)
5. Professional Association Membership Fees (related to current specialty training)
6. Mayo Clinic Cardiology Concise Textbook and Mayo Clinic Cardiology Board Review Questions & Answers
7. Essentials of Nuclear Medicine Imaging
8. Clinical Procedures in Emergency Medicine
9. History and Physical Examination in Medicine CD-ROM
10. UpToDate-Gastroenterology-Windows
11. American Academy of Neurology Professional Association/American Academy of Neurology-Member Dues
12. Fonseca, Walker & Betts: Oral and Maxillofacial Trauma
14. Lovell and Winter's Pediatric Orthopaedics (2 Volume Set)

DISAPPROVED: Journals (including medical), hardware, non-medical material. The following list provides examples of disapproved purchases (not a comprehensive list). If you have any questions please contact the GME Office or your Program Director.

1. Laptop/Desktop/Computer equipment/All other devices (excluding those listed above)
2. Board Exam Fees
3. PDAs/MP3 or any other audio players (excluding those listed above)
4. Office furniture
5. Office supplies
6. Non-medical books or reference material (e.g. Cook Books, Language Books, etc.)
7. Lab coats, scrubs or any type of clothing (e.g. tee shirts and sweatshirts)
8. Equipment (e.g. stethoscopes, microscopes)
9. Conference fees/travel expenses
10. Newspaper subscriptions/magazines

If you have any questions please contact the GME Office- Vivian Zaragoza (973) 972 6049

revised: May 2015
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GRADUATE MEDICAL EDUCATION  
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<tr>
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<th>Deadline: December 31st</th>
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Name:___________________________________________           SS Number:______________________

Last                             First                      Middle Initial

PGY-Year:______________           Program:________________________

CURRENT Mailing Address:

_____________________________________________________________

Address State Zip

LIST OF ITEMS PURCHASED:

1. TITLE_______________________________________________        COST:______________

2. TITLE_______________________________________________        COST:______________

3. TITLE_______________________________________________        COST:______________

4. TITLE_______________________________________________        COST:______________

5. TITLE_______________________________________________        COST:______________

(use an additional form if more than 5 items are purchased)

Taxes: __________________

Shipping: __________________

Total: __________________

______________________________          _______
Housestaff Signature                                         Date

Approval:

_____________________________     __________ _____________________________     __________
Program Director                                        Date

Associate Dean for GME                            Date

For Office Use Only:

INDEX ORG____________ACCOUNT ORG_____________AMOUNT________________\

______________________________          _______
Business Office                         Date