Graduate Medical Education- Travel Reimbursement Procedure

Reimbursement for travel related expenses is available to all (University Hospital, Rutgers and VA paid) housestaff (see applicable procedure below) that meet the following criteria established by Dr. Stephen R. Baker, Associate Dean for Graduate Medical Education and are subject to change.

- Housestaff is presenting a paper, abstract or poster relevant to the specialty in training
- Housestaff is a first-author in the paper, abstract or poster to be presented
- Housestaff has not presented the paper, abstract or poster at a previous conference
- If housestaff has previously received reimbursement for travel from GME he/she is required to provide evidence that previous papers or abstracts presented were submitted for publication in a medical journal (manuscripts or abstracts need not be accepted for publication). If papers or abstracts previously presented at a conference are not submitted for publication, housestaff may submit other work published/submitted for publication to satisfy this requirement. Housestaff must be identified as a first author (exceptions are considered-see procedure below).
- Only 1 resident is eligible for travel reimbursement from GME per presentation
- Travel expenses must be incurred for payment.

### Commonly Reimbursed Expenses*

- Expenses for three days (day prior to, day of, and day after presentation) and two nights (day prior to and the day of presentation)
- Airfare to and from conference location
- Hotel- Two nights (the night before and the night of the presentation) including tax and resort fees
- Meals-$50 per diem (maximum per meal below includes tax)
  - $10 Breakfast
  - $10 Lunch
  - $30 Dinner
- Cab fare to and from airport, to and from conference to hotel
- Parking at airport (for personal car)
- Conference registration fees
- Mileage if driving personal car to conference (at University current rate) [http://www.rutravel.rutgers.edu/autorate.html](http://www.rutravel.rutgers.edu/autorate.html)

### Expenses Not Reimbursed*

- Rental cars
- Other hotel expenses (e.g. spa, dry cleaning, computer access fees etc.)
- Luggage check-in fees
- Alcohol drinks
- Expenses incurred by a traveling companion
- Unreasonably expensive meals
- Meals included in the cost of conference fees
- Expenses related to personal negligence (e.g. parking tickets, fines, towing, traffic violations etc.)

*Not all reimbursable/non-reimbursable expenses are identified. Please contact the GME Office for further information.

It is the housestaff’s responsibility to obtain approval for travel and to submit expense related information after travel within the timeframe outlined below.

**Timeline for Reimbursement**

At least 1 month prior to travel:
- Housestaff or program designee must submit a Travel Approval (TA) report and other required documents (see procedure below) to the GME office
- The GME office will obtain approval from GME administration, NJMS Finance and Accounts Payable

1-2 months post travel:
- Housestaff or program designee must submit a Travel Expense (TE) form and other required documents (see procedure below) to the GME office
- The GME office will obtain approval from GME administration, NJMS Finance and Accounts Payable
- Housestaff should expect reimbursement for travel related expenses 2-3 pay periods after submitting documentation to the GME office

**NOTE:**
- Missing documents or submission of incomplete forms will be returned to the program coordinator without further action by GME. It is the housestaff’s responsibility to ensure that all required documentation is submitted to the GME office at the same time within the timeframe identified above.
- Travel advance payments are NOT available.

If you have any questions, please contact the GME office (973) 972-6049. The GME Office is located at MSB C-Level Room 594.
CHECKLIST-GME Reimbursed Travel Expenses

Travel Advance

**First Time Presenter (Not Previously Reimbursed by GME)**

_______ Travel Advance Form (signed by housestaff and Program Director)
_______ Conference brochure (MUST identify housestaff as presenter AND date of presentation)
_______ Copy of abstract/poster or paper (SHOULD identify housestaff as FIRST author)
_______ Abstract/Poster/Paper- First Presentation Attestation
_______ Estimate documentation for airfare, lodging, registration fees
_______ Contribution to Abstract/Poster/Paper Form if NOT identified as first author on the abstract, poster or paper presented at the conference

**Previous Presenter (Reimbursed by GME)**

_______ All of the above documents (under First Time Presenter)
_______ Evidence of publication/submission for publication-abstract or manuscript

Travel Expense

_______ Travel Expense Form
_______ Receipts (itemized) for all expenses on the Travel Expense Form
Graduate Medical Education- Travel Reimbursement Procedure

Procedure for Reimbursement

PRIOR TO TRAVEL (PROCESS MUST BE FOLLOWED FOR EACH TRIP):

Access travel approval (TA) and travel expense (TE) forms through the MYPORTAL.RUTGERS.EDU (for Rutgers and VA Paid Residents) or MYUHNJ.ORG (for Podiatry Residents) portal.

1. Log on to the portal (problems accessing the portal should be directed to the IST help-desk (732) 743-3200 or 3-3200 on campus)
2. Under the University-wide Toolbox select Accounts Payable and Travel Forms (see Appendix A)
   a. Podiatry residents must use the University Hospital forms
   b. NJMS and School of Dental Medicine Residents must use the Rutgers forms
3. A new window will appear, select Travel Advance (TA) under Travel Forms-FACULTY STAFF-NON EVENT
4. Click on the TA and complete as required (see Appendix B), print the form, sign, obtain your program director’s signature and submit to the GME office along with supporting documentation identified below under the ‘All Housestaff” section.

Documentation Required:

5. Complete and submit the ‘TA’ and supporting documentation AT LEAST ONE MONTH PRIOR TO TRAVEL:
6. Complete/sign the TA (see Appendix B) and obtain your Program Director’s signature.
7. A copy of the conference brochure that describes the conference AND identifies the housestaff as a presenter
8. A copy of the paper, poster or abstract to be presented (must indicate housestaff is first author)
9. A signed Abstract/Poster/Paper First Presentation Attestation form indicating that the resident has not presented the paper, poster or abstract at another conference AND that attendance at this event meets ethics and compliance policy (see Appendix D)
10. Supporting documentation for estimates itemized on the TA including airfare, lodging and registration fees. This documentation can be screen prints, travel agency estimates or hotel/airline estimates. Estimates for meals and transportation (e.g. cab, public transportation, airport parking etc.) are not required.
11. Evidence of publication/submission for publication is required of housestaff who have previously presented at a conference and received reimbursement from the GME office. The housestaff officer must be identified as a first author. Exceptions to the first author criteria can be made on a case basis. Please identify your contribution to the paper or abstract by completing the Contribution to Abstract/Poster/Paper (see Appendix E) form and your submission will be considered (does not guarantee approval).

POST TRAVEL:

1. Click on the TE and complete as required (see Appendix C), print the form, sign, obtain your program director’s signature and submit to the GME office along with supporting documentation identified below under the ‘All Housestaff” section.

✓ Please note that the TA and TE forms share a unique request number (top right-hand corner) and must match when submitting for approval (TA) and reimbursement (TE) of the same trip. Subsequent trips are issued new numbers, thus, they cannot be reused!
Graduate Medical Education- Travel Reimbursement Procedure

Documentation Required:

2. Complete (see Appendix C) and submit the TE and supporting documentation **NO LATER THAN TWO MONTHS POST TRAVEL**:

3. Submit ORIGINAL receipts for all expenses itemized on the TE. Expenses identified without supporting receipts will not be reimbursed. **ALL RECEIPTS MUST BE ITEMIZED** (e.g. meal receipts must identify food, drinks and proof of payment)

4. Reimbursement is issued through regular payroll check/deposit OR a check will be mailed to the address on the TE 2-3 pay periods after documents are submitted to the GME office.
APPENDIX A

Click Here, the menu below is displayed

Accounts payable and travel forms

- Request for Check
- Honoraria Voucher

Travel Forms

- Students
  - Travel Advance (TA)
  - Travel Expense (TE)

- Faculty/Staff
  - Travel Advance (TA)
  - Travel Expense (TE)
Complete information—
Required information is indicated with an asterisk *

**APPENDIX B**

**TRAVEL APPROVAL/ADVANCE REPORT**

- **Indicate 'Department'**
- **Enter 999999 for Index and 702157 Account (leave Fund blank)**

- **Not applicable, indicate NO**

- **Identify estimates: include documentation for Airfare, Lodging and Registration fee**

---

**Print Form**
# Graduate Medical Education - Travel Reimbursement Procedure

## TRAVEL APPROVAL / ADVANCE REPORT

<table>
<thead>
<tr>
<th>PURPOSE OF TRIP</th>
<th>DESTINATION</th>
<th>DEPART DATE</th>
<th>RETURN DATE</th>
<th>HOTEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTOR NAME</th>
<th>DEPARTMENT</th>
<th>BUILDING / CAMPUS</th>
<th>ROOM #</th>
<th>PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DISTRIBUTION

- [ ] VENDOR / EXTERNAL
- [x] DEPT / INTERNAL

### UNIV ID

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS: STREET I</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET III</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FUND INDEX ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ITEM

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ITEMIZED ESTIMATED EXPENSES DESCRIPTION</th>
<th>ESTIMATED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TRANSPORTATION - AIR Booked via UMDNJ travel agent?</td>
<td>Yes (x) No</td>
</tr>
<tr>
<td>2</td>
<td>TRANSPORTATION - ALL OTHER</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>LODGING - Conference designated hotel?</td>
<td>Yes (x) No</td>
</tr>
<tr>
<td>4</td>
<td>MEALS - NUMBER OF DAYS X $45</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>REGISTRATION FEE - Previously submitted under separate Request for Check form?</td>
<td>Yes (x) No</td>
</tr>
<tr>
<td>6</td>
<td>MISCELLANEOUS</td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL EST. EXPENDITURE

- Request Advance Amount (only when expenditure > $250.00)? | Yes (x) No |

### MAXIMUM REIMBURSED APPROVED

### CHECK TOTAL

### COMMENTS

Prior approval is required for reasonable expenses in excess of travel policy limit. Request to exceed per diem must be approved by Dean / Exec Director in the box below.

- TRAVELER'S SIGNATURE | DATE
- UNIT ADMINISTRATOR / DEPARTMENT HEAD | DATE

**Housestaff signature**

**Program Director signature**

Instructions: Forward original to Accounts Payable. Retain a copy for your records.
APPENDIX C

Accounts payable and travel forms

Request for Check
Honorama Voucher

Travel Forms

Students
Travel Advance (TA)
Travel Expense (TE)

Faculty/Staff Non-Event
Travel Advance (TA)
Travel Expense (TE)
Complete information— Required information is indicated with an asterisk *

TRAVEL EXPENSE REPORT

- * indicates a required field.
- * TRAVEL EXPENSE #
- * UNIVERSITY ID
- * LAST NAME
- * FIRST NAME
- * MIDDLE NAME
- * STREET I (HOME ADDR)
- STREET II
- STREET III
- * CITY
- * STATE
- * ZIP CODE
- * REQUESTOR’S NAME
- * DEPARTMENT
- * BUILDING / CAMPUSS
- * ROOM NO.
- * PHONE NO.
- * PURPOSE OF TRIP

Actual expenses: include receipts for all expenses itemized in this section

Enter 999999 for Index and 702157 Account (leave Fund blank)

Print Form
## Graduate Medical Education - Travel Reimbursement Procedure

### TRAVEL EXPENSE REPORT

<table>
<thead>
<tr>
<th>REQUESTOR NAME</th>
<th>DEPARTMENT</th>
<th>BUILDING / CAMPUS</th>
<th>ROOM #</th>
<th>PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PURPOSE OF TRIP</th>
<th>UNIV ID</th>
<th>REQUEST DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESTINATION</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPARTURE DATE / TIME</th>
<th>HOME ADDRESS: STREET I</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RETURN DATE / TIME</th>
<th>STREET II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK STUB DESCRIPTION</th>
<th>STREET III</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TTE</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACTUAL EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tips</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Other (Specify)* |     |     |      |     |       |     |     |        |

| Local Trans. |     |     |      |     |       |     |     |        |
| Parking and Tolls |     |     |      |     |       |     |     |        |
| Trans. Expense |     |     |      |     |       |     |     |        |
| Registration Fee |     |     |      |     |       |     |     |        |

<table>
<thead>
<tr>
<th>Totals</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was airfare billed via corporate travel program?</th>
<th>Yes</th>
<th>No</th>
<th>Less Cash Advance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel time exceeds 7 days?</td>
<td></td>
<td></td>
<td>Balance Due University</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Balance Due Traveler</td>
</tr>
</tbody>
</table>

### COMMENT (Explain all "Other" expenses)

If expensing multiple indexes, please note on line 1 & 2, otherwise complete line 1 only

<table>
<thead>
<tr>
<th>Fund</th>
<th>Index</th>
<th>Account</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check Total</th>
</tr>
</thead>
</table>

I certify that the expenses reflected in this report were incurred in connection with university business and conformed with UMDNJ travel regulations.

I certify that the purpose of this trip was in accordance with the program(s) to which it is being charged and that funds have been approved for this project.

<table>
<thead>
<tr>
<th>Traveler Signature / Date</th>
<th>Department Head Signature / Date</th>
<th>Budget Officer Signature / Date</th>
</tr>
</thead>
</table>

Revised 4/17/14
Abstract/Poster/Paper First Presentation Attestation

I am attending a function that is an expected requirement of my job and is fully subsidized by University Hospital or Rutgers.

I hereby confirm the abstract/poster/manuscript title identified below will be presented for the first time at a professional conference. Further, I attest that I have not received reimbursement from University Hospital or Rutgers for expenses incurred from presenting the scholarly work identified below.

_________________________________________________________________

Abstract/Poster/Manuscript Title

_________________________________________________________________

Housestaff Name (Print)

_________________________________________________________________

Housestaff Signature       Date

_________________________________________________________________

Revised 4/17/14
Graduate Medical Education- Travel Reimbursement Procedure

APPENDIX E

Contribution to Abstract/Poster/Paper

I am submitting a(n) ABSTRACT POSTER PUBLISHED PAPER / MANUSCRIPT (circle one)

My contribution to this abstract / poster/ paper / manuscript does not identify me as a first author; however, my contribution is as follows:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Abstract/Poster/Paper/Manuscript Title

_________________________________

Housestaff Name (Print)

_________________________________   ____ _______________

Housestaff Signature      Date

Revised 4/17/14