

# OHSU Department of Family Medicine Expense Form

(Revised 01/2015)

i:ohsu/som/fm/fammed/dept/facultyexpenseform13

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