

Educational Allowance Reimbursement Request
(Use one form per request)

Name: _____

Date of Request: _____

Purpose (dates of conference if applicable):

Social Security Number: _____

Home Address:

- 1) Original receipts must be attached. Photocopies will not be accepted.
- 2) Reimbursement cannot be made after 180 days.
- 3) You may purchase textbooks and other educational materials from the University of Pittsburgh Health Bookstore on Forbes Avenue. You may charge your purchases to the CCM account. A monthly statement will be sent to my office and I will notify you of your current balance.
- 4) A copy of this request will be placed in your mailbox after it is processed.

For office use only:

Date Processed: _____

Initials: _____

New Balance: _____