

University of Medicine & Dentistry of New Jersey-New Jersey Medical School
Graduate Medical Education
HOUSESTAFF BOOK ALLOWANCE AUTHORIZATION FORM

Name _____ Social Security # _____
Last First Middle/Initial

PGY-Year _____ Program _____

LIST OF BOOKS REQUIRING PRE-AUTHORIZATION (Deadline October 1st):

1. TITLE _____ COST _____
2. TITLE _____ COST _____
3. TITLE _____ COST _____
4. TITLE _____ COST _____
5. TITLE _____ COST _____

TAXES _____

SHIPPING _____

TOTAL _____

Maximum Reimbursement Amount: \$300

PRE-AUTHORIZATION:

Program Director Date Associate Dean for GME Date

Housestaff Signature Date

EXPENSE APPROVAL:

Program Director Date Associate Dean for GME Date

BUDGET INFORMATION:

INDEX ORG _____ AMOUNT _____ ACCOUNT ORG _____

Business Office Date

Deadline for submission of pre-authorization is October 1st.
Deadline for submission of receipts for reimbursement is December 31st.
Receipts must match pre-authorized books noted above.