

SAMPLE LETTER TEMPLATE

(Insert Date)

Hemant Sindhu, M.D.
Chairperson of Patient Care Trust Fund
of the Committee of Interns and Residents
520 Eighth Avenue, Suite 1200
New York, NY 10018

Dear Dr. Sindhu,

On behalf of the (Insert Department Name), I am writing in support of Dr. (Insert Department Applicant Name) for the request that the Patient Care Trust Fund of the Committee of Interns and Residents underwrite the purchase of:

- (List all requested items)

I certify that (Insert Hospital Name) is unable to fund the purchase of the item(s) listed above at this time and the funds are not in our budget for this year or in the near future. I further certify that we will sustain all costs of maintaining the requested item(s) should the Patient Care Trust Fund agree to purchase it.

Thank you for your continuing support of patient care in our hospitals.

Sincerely,

(Insert printed name and signature of Program Director)

(Insert printed name and signature of COO of Facility)