USC Radiology Associates, Inc. Monthly Professional Expense Reimbursement Form

Physician:

Month of:

Expenses	Description		Amount
Auto	Business Mileage	x.34 cents	
Travel	Airfare		
	Hotel		
	Meals		
	Ground Transportation		
	Telephone		
	Other (Attach List)		
Dues & Membership/License Fees			
Seminar Fees			
Publication Fees			
Postage			
Telephone			
Entertainment/Meals			
Business Gifts (\$25 Limit)			
Parking			
Other (Attach list)			
	тот	AL	\$0.00

Procedure for Submitting Professional Expenses:

1. Submit this form with appropriate documentation to the USCRA Business Office by the 5th of the month.

2. Original receipts should be submitted.

- 3. In the absence of an original receipt, a copy of a cancelled check or credit card statement may be submitted.
- 4. An itemized expense form must be completed and submitted for Auto, Travel, Entertainment/Meal and Gift expenses.
- 5. Forms submitted by the 5th of the month will be reimbursed within the same month and mailed out with your USC payroll check. Insufficient documentation may delay reimbursement.
- 6. Questions may be directed to Jennifer Cheng, Accounting Manager @ (626) 457-5838/e-mail jcheng@hsc.usc.edu