OakCare Medical Group

Business Reimbursement Form

ACMC Highland Campus

Return completed form with approvals & receipts to:

Jesse Saputra – Submit or Fax to 510-645-1173

NAME:	DEPARTMENT:		DATE:
ADDRESS:	TELEPHONE:		
CITY:	STATE:	ZIP:	

BUSINESS MEALS AND ENTERTAINMENT

Date	Description	Business Purpose	Amount
	Cell Phone Service ($100/Month Maximum)		
	Fax or internet Service		
	Equipment/Computers		
	Supplies		
	Employee Liability Insurance		
	Other		
		Business Expense Total	$ 0.00

CME & SOCIETY DUES (DO NOT INCLUDE TRAVEL-RELATED EXPENSES HERE)

Date	Description	Business purpose	Amount
	Conference/Online Courses		
	Books and Subscriptions		
	Society or Association Dues		
	Other CME		
		Business Expense Total	$ 0.00

CORPORATE EXPENSE

Date	Description	Business purpose	Amount
	State Medical License		
	DEA License Fee		
	Other		
		Business Expense Total	$ 0.00

DEPARTMENT EXPENSE

Date	Description	Business purpose	Amount
	Department Meals and Entertainment		
	Department Supplies and Equipment		
	Resident Training/Recruitment		
	Resident Meals		
	Other		

I certify that this reimbursement form is accurate regarding actual and necessary business expenses incurred.

Business Expense Total	$ 0.00
TOTAL REIMBURSEMENT	$ 0.00

Employee Signature: _____ Date: _____

Approval Signature: _____ Date: _____

PRINT SUBMIT