

A copy of your RENEWED license is required for processing. Reimbursement will be processed within approximately 2 weeks of receipt.

Please complete the following information regarding your reimbursement:

Name (Please Print)		
Address (where check will be mailed to)		
City	State	ZIP
Amount Paid	\$	
Dues or License Type		
Department/Division		
Requestor's Signature		
Requestor's Phone #	()	- ext.

Return the following documents:

- 1) Reimbursement Request Form
- 2) Copy of RENEWED License
- 3) Proof of payment (check issued or online receipt)

Mail to: UW Physicians - Finance Fax to: 206.520.5168
 Campus Box 359110
 or
 PO Box 50095 Contact: 206.520.5778
 Seattle WA 98145-5095

Or Email: UWP Payroll at UWP-Phys-Payroll@uwp.washington.edu

UWP USE ONLY	
<input type="checkbox"/> Qualifies for reimbursement.	Exp Date

PAYROLL USE ONLY	
PHYS #	
DEDCODE	
FTE	
TITLE	