

A copy of your RENEWED license is required for processing. Reimbursement will be processed with the next available payroll (Direct Deposit if signed up at UWP).

Please complete the following information regarding your reimbursement:

Name (Please Print)			
Address			
City	State	WA	ZIP
Amount Paid	\$		
Dues or License Type			
Department/Division			
Requestor's Signature			
Requestor's Phone #	()	-	ext.
Department Approval (Administrator or other authorized department personnel)			Date
Signature	Title	Print Name	

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 UWPPay@uw.edu

UWP USE ONLY	
<input type="checkbox"/> Qualifies for reimbursement.	<i>Exp Date</i>
<input type="checkbox"/>	
<input type="checkbox"/> New <input type="checkbox"/> Renewal	
Comments:	

PAYROLL USE ONLY	
PHYS #	
DEDCODE	
FTE	
TITLE	