

IDMC-7 Reimbursement Form
Original receipts and boarding passes are required
(e-receipts acceptable for airfare)

Name: _____

Address: _____

Telephone: _____

Airfare:

Carrier: _____

Cost: _____ (US Dollars)

Hotel:

Name: _____

Cost: _____ (US Dollars)

Total expenses: _____

Signature

Date

RETURN COMPLETED FORM WITH RECEIPTS TO:

TRACY FORRESTER
UNIVERSITY OF ROCHESTER MEDICAL CENTER
601 ELMWOOD AVENUE, BOX 673
ROCHESTER, NEW YORK 14642-8673
USA

PHONE #: 585-275-7434