

**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)		
	TOTAL	\$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