

## 2015 CME/CEU REIMBURSEMENT EXPENSE REPORT - For UNAC/UHCP EDUCATION FUND (SCAL ONLY)

| MEDICAL CARE P                           |                                                          |                                                                                                                                                                                             | Attach receipts as required.  Refer to: http://kpnet.kp.orq:81/ecom/teo/index.html for further information. |                                       |                                                   |          |                                                  |                | PAGE NO.                      | TOTAL PAGES                             |                   |
|------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|----------|--------------------------------------------------|----------------|-------------------------------|-----------------------------------------|-------------------|
| EMPLOYEE NAME                            | (PRINT)                                                  |                                                                                                                                                                                             |                                                                                                             | 3                                     |                                                   |          | MONTH OF                                         | ·              |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   | February |                                                  |                |                               |                                         |                   |
| EMPLOYEE NO. DEPARTMENT NAME             |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       | LOCATION ADDRESS                                  |          |                                                  |                | TIE/EXT NO.                   |                                         |                   |
| 00123456 Family Practice                 |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       | 123 Main St. Pasadena CA 91188                    |          |                                                  |                | 3                             | 8-555-1234                              |                   |
|                                          | E                                                        | XPLANATION                                                                                                                                                                                  | IS                                                                                                          | 8306                                  | 8300                                              | 8301     | 8304                                             | 8307           | 8308                          | 8308                                    | 8763              |
| DATE                                     | Meals, Parking<br>and destination<br>Explanations"       | ( For Auto Mileage, Airfare, Lodging, Business Meals, Parking Other Expenses, explain reason and destination below; use "Additional Detailed Explanations" area on page two if necessary. ) |                                                                                                             | AUTO<br>MILEAGE                       | AIRFARE                                           | LODGING  | BUSINESS<br>MEALS                                | AUTO<br>RENTAL | PARKING<br>AIRPORT/<br>TRAVEL | OTHER<br>TRAVEL<br>EXPENSES             | OTHER<br>EXPENSES |
| 1/13/2015                                | Internal Medicine Symposium -<br>Registration Fee        |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         | \$265.00          |
| 2/3/2015                                 | Hypertenstion Conference - Registration<br>Fee           |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                | \                             |                                         | \$100.00          |
| 1/13/2015                                |                                                          | Mileage from Home to Symposium to Home (less normal commute)                                                                                                                                |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
| 2/3/2015                                 | Hotel Lodging for Conference                             |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   | \$125.00 |                                                  |                |                               |                                         |                   |
| 1/13/2015                                | Parking for In                                           | Parking for Int. Med. Symposium                                                                                                                                                             |                                                                                                             |                                       |                                                   | 1        |                                                  |                | \$9,00                        |                                         |                   |
| 1/13/2015                                | Toll Road Fee for Int. Med. Symposium                    |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               | \$2.75                                  |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       | /                                                 | +        |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          | <del>                                     </del> | <del></del>    |                               |                                         |                   |
|                                          | *45.0 miles V 575 - \$26.20                              |                                                                                                                                                                                             |                                                                                                             | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <del> /                                    </del> | H        | <del>                                     </del> |                |                               |                                         |                   |
|                                          | *45.9 mlles X .575 = \$26.39                             |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             | 1                                                                                                           |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          | /                                                                                                                                                                                           |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
| SUB-TOTALS  AUTO MILEAGE  .575  PER MILE |                                                          |                                                                                                                                                                                             | 45.9<br><b>\$26.39</b>                                                                                      |                                       | \$125.00                                          |          |                                                  | \$9.00         | \$2.75                        | \$365.00                                |                   |
| A(<br>ENTITY                             | ACCOUNT CODE DISTRIBUTION  ENTITY LOCATION DEPT. EXPENSE |                                                                                                                                                                                             |                                                                                                             | AMOUNT                                | TOTAL EXPENSES                                    |          |                                                  |                |                               | \$528.14                                |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       |                                                   |          |                                                  |                |                               |                                         |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       | AMOUNT DUE EMPLOYEE (Max = \$500.00)              |          |                                                  |                |                               | - · · · · · · · · · · · · · · · · · · · |                   |
|                                          |                                                          |                                                                                                                                                                                             |                                                                                                             |                                       | SIGNATURE OF EMPLOYEE                             |          |                                                  |                | DATE<br>2/15/2015             |                                         |                   |
|                                          |                                                          | \$0.00                                                                                                                                                                                      | Prepared by: Area code                                                                                      |                                       |                                                   |          | & Phone #                                        | Tie-Line       |                               |                                         |                   |

SEND COMPLETED EXPENSE REPORT TO LABOR RELATIONS <u>WITH ALL OTHER REQUIRED FORMS AND RECEIPTS</u>. PLEASE RETAIN A COPY FOR YOUR FILES.

UNAC-UHCP/Management Education Oversight Committee, Labor Relations Dept, 6th floor, 393 E. Walnut, Pasadena, CA 91188