

**Wisconsin Academy of Family Physicians
Passport Program
Expense Reimbursement Form**

Name:

Address:

City:

State:

Zip:

Phone:

Email address:

Check programs you visited:

	Baraboo Rural Training Track
	Columbia/St. Mary's FMRP
	Eau Claire FMRP
	Fox Valley FMRP
	LaCrosse-Mayo FMRP
	Madison FMRP
	Mercy Health System FMRP
	St. Lukes FMRP
	St. Joseph FMRP
	Waukesha FMRP
	Wausau FMRP

Expenses: Please attach all receipts to this form

Total miles driven: _____ @ \$.50 per mile = _____

Air, Bus, Train Costs: _____

Lodging Costs: _____

Meals Cost: _____

Total Expenses requested: _____

(Amount reimbursed will not exceed the scheduled maximum allowed based on the number of programs visited.)

If you are requesting reimbursement for mileage only, you may use the "Submit" button here or print and fax to: WAFP at 262-242-1862.

If you are requesting reimbursement for expenses other than, or in addition to, mileage, **please attach all receipts** and return with this form to: WAFP 210 Green Bay Road, Thiensville, WI 53092

Your check will be mailed to the above address after your visits have been verified.