

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

Check programs you visited:

	All Saints FMRP		Gundersen FMRP
	Aurora Milwaukee FMRP		La Crosse – Mayo FMRP
	Aurora Lakeland Rural Training Track FMRP		Madison FMRP
	Baraboo FMRP Rural Training Track		Mayo Clinic FMRP – Eau Claire
	Columbia St. Mary’s FMRP		Mercy Health System FMRP
	Community Memorial FMRP		Monroe Clinic Rural FMRP
	Eau Claire FMRP		Waukesha FMRP
	Fox Valley FMRP		Wausau FMRP

Expenses: Please attach all receipts to this form

Total miles driven: _____

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 submit your request via the WAFP website 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 original 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.