# 2020 Neuroscience Conference

# UPMC Employee Journal Entry Transfer

*If you are a UPMC employee and your department will be responsible for payment, we can charge your department directly. DO NOT SUBMIT a disbursement to UPMC Accounts Payable.*

Name:

Circle Title: MD DO NP RN PA PT OT Other:

Specialty:

Institution/Organization:

Street Address:

City, State, ZIP:

Daytime Phone Number: Email Address:

**Ask your supervisor to complete and sign the following:**

Business Unit:

Account Number:

Department ID Number:

Name of Department Manager/Director:

Authorized Department Signature:



*(double click in box to add digital signature)*

*Scan/email this completed form to the Hamot CME Department:* [HAM\_CME@upmc.edu](mailto:HAM_CME@upmc.edu)