

Conference Title \_\_\_\_\_

Employee Name \_\_\_\_\_

Circle Title:

MD DO NP RN PA PT OT Other: \_\_\_\_\_

Specialty \_\_\_\_\_ Institution/  
Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## **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.*

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

Business Unit: \_\_\_\_\_

Account Number: \_\_\_\_\_

Department ID Number: \_\_\_\_\_

Name of Department Manager/Director: \_\_\_\_\_

Authorized Department Signature: \_\_\_\_\_

*Scan this completed form to the Hamot CME Department:*

[HAM\\_CME@upmc.edu](mailto:HAM_CME@upmc.edu)