## 2022 Trauma & Emergency Medicine

## Conference 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