

WINGS – Reimbursement Request

Please send the completed Reimbursement Request form and attachments to:

UCSF School of Medicine, Dean's Office
 WINGS Program Coordinator
 BOX 1379
 3333 California Street, Suite 105
 San Francisco, CA 94118

NOTE: To receive reimbursement, you must still meet the WINGS eligibility requirement (a School of Medicine career staff employee, on active pay status, working 50% or more, with a current performance evaluation rating of satisfactory or better.)

Employee Name:	Employee ID:	Department or ORU:
Work Phone:	Campus Mail Box/Mailing Address	

Grant Month & Year	Title of course for which grant was made:	Grant Amount: \$
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The following items must be labeled and attached to this request in order to process your reimbursement:

1. Copy of the original WINGS grant e-mail the applicant received
2. Proof of course enrollment and proof that applicant pay out-of- pocket directly (a) credit or bank statement or (b) paid invoice showing cash, personal check or credit card was used.
3. Proof of successful course completion, C or better - if applicable (grade report, certificate of completion, proof of conference attendance, etc.).
4. A brief statement describing what you learned from these courses and how you will apply what you have learned to your career at the University.

Employee's signature:	Date:
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