Application Request for Funding

Name: _____ Specialty:_____

☐ Resident ☐ Fellow ☐ Attending

MedFund does not guarantee all the applications to be reimbursed. Relevancy to the mission of the MedFund and budgetary considerations will be applied in the process of application review. Please review the guidelines before submitting your application.

Please be sure all relevant boxes are checked. Incomplete applications will not be accepted.

Funding Indicators (Check All That Apply)

☐ Abstract/Poster Presentation ☐ Presenter ☐ Publication in Pub Med Indexed Journal
☐ Research
☐ Lab Costs ☐ Course Attendance ☐ **Case Presentation (see requirements below)**
☐ Other:

Title of Project and Explanation of Patient Benefits from your Project

_____
_____
_____
_____
_____
_____
_____
_____

Please submit the following documentation:

☐ Copy of Abstract/Poster/Publication **(Must also include a picture of yourself with the presentation)**
☐ Letter of Support from Program Director. **The letter must support the value of the project and exhaustion of any other funds through GME/Department/Others.**
☐ Receipts for all affiliated costs (Travel, Lodging, Food, etc.) – Must complete attached Itemized Travel Expense Report and include **all itemized** receipts. Food receipts that are not itemized will not be reimbursed. Alcohol will not be reimbursed.

Have you exhausted all sources of funding? (i.e. resident/fellow education compensation, Department Funds, etc.)
☐ Yes ☐ No

Does this project require Institutional Review Board approval? ☐ Yes ☐ No

Does this project/presentation require payment of the Conference Registration Fee? ☐ Yes ☐ No

If yes, please DO NOT submit your request for funding until you have received your approval letter from the IRB. Please submit all relevant documentation, including the IRB approval letter, and an itemized budget with your request.

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Only single case report presentation will be compensated per residency/training length or every five years per attending physician. (Only one in-person presentation, poster, or journal submission fee will be reimbursed per length of training or per five years for an attending physician).

Amount Requested:

Please note that all requests greater than $10,000 require a presentation to the Med Fund Board and an itemized budget breakdown. Periodic reports may be established.

Travel expenses shall not exceed $2,000.00 per calendar year. This includes Airfare, Hotel, Transportation, Food.

Requestor Signature: _____ Date: _____
Director/Chairman Signature:_____ Date:_____

For Office Use Only

Date Reviewed:_____ ☐ Approved ☐ Rejected
Amount Approved:_____

If applicable, date first written report due:_____

Advocate Christ Medical Center | Advocate Children's Hospital

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Itemized Travel Expense Report
ALL Receipts must be itemized

Date	**Description**	**Cost**
	Airfare	
	Hotel	
	Conference Registration	
	Transportation	
	Food (Alcohol will not be reimbursed) **Receipts MUST be itemized**	

Total:

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