Cardiovascular Medicine, P.C.

CEU Estimated Expenses

Trip Details for: (Name) _____

Conference Name and Location: _____

Dates: _____

Impact on Work Schedule: _____

Estimated Expenses:

Registration: $ _____

Flight: $ _____

Hotel: $ _____

Parking: $ _____

Food (not included in conf): $ _____

Rental Car/Taxi/Uber: $ _____

Mileage: $ _____

Others (please specify): $ _____

Total: $ _____

(For Administrative Use Only)

Amt approved by Physician: $ _____

Physician Signature: _____

Date: _____