University of California, Davis

School of Medicine, Registrar’s Office

4610 X Street, Sacramento CA 95817-2200

*Research Expense*

*Reimbursement Form*

Application for Research-Related Expenses for Medical Student Research

Funds are available on a competitive basis until exhausted to assist and offset costs related to medical student research projects. Reimbursement up to $500 per student is available. These funds are *only* to be used for supplies or other experimental costs, and are not a substitute for existing support provided by the Mentor. Reimbursement can only be provided to students who are enrolled in medical school (e.g., funding is not available for PSTP or TL1 students). Turn in your completed application to Saul Schaefer (sschaefer@ucdavis.edu) with copy to Jenifer Wang (jncwang@ ucdavis.edu).

If an advance of the funds is needed, documented receipts of the actual expenses incurred MUST BE submitted within 30 days of the advance. If the advance exceeds the documented expenses, the overage must be repaid.

|  |  |
| --- | --- |
| Student Name |  |
| Year in School:  | MS- | Expected Graduation Date: |  |
| Research Mentor: |  | Department: |  |
| Project Title: |  |
| Funding Source (if any): |  |
| Amount Requested: | $ |
| Description of Funding Request: |
| *[cell will expand]*  |
|  |
| Certification:My signature certifies that these expenses are 1) necessary to successful research for the above project title; and 2) are not being funded by myself or the sponsor department. |
| MENTOR SIGNATURE: |  | DATE: |  |
| Certification:My signature certifies that I agree to provide documentation of actual expenses showing proof that the funds I applied for have been expensed. I agree to submit copies of receipts, etc. within 30 days of receiving the requested research supplies. |
| STUDENT SIGNATURE: |  | DATE: |  |