Receipts are required for all expense reimbursements.

*If an expense reimbursement is submitted to Finance without an itemized receipt showing proof of payment, processing will stop until the required receipt is submitted.*
Receipts must show proof of payment (i.e. marked “paid in full”, shows $0 due balance, lists last 4 digits of credit card, etc.)

- Check copies, applications, order forms, packing slips, lodging reservations and unconfirmed airfare itineraries do not qualify as proof of payment.

- Credit card or bank statements may be submitted, with proof of item price, only if the supplier has been contacted and is unable to provide an itemized receipt.
MINNESOTA BOARD OF MEDICAL PRACTICE

PHYSICIAN INSTRUCTIONS

Enclosed is your application for a Minnesota medical license. Please review the enclosed materials thoroughly before submitting your application. Do NOT make commitments to start practicing medicine in Minnesota until you have been issued a license. Any processing fees incurred are your responsibility. The board reserves the right to reject any outdated applications submitted. Therefore, it is recommended that you use the application in a timely manner. Incomplete applications will be destroyed after six months of inactivity.

ALL OF THE FOLLOWING REQUIREMENTS MUST BE MET OR THE ENTIRE APPLICATION WILL BE RETURNED.

- Application fee (Fee of $392 plus $200 processing fee and $192 annual registration fee). The $200 temporary permit fee, if requested. These fees are not refundable and must be in U.S. currency. Make checks payable to the Minnesota Board of Medical Practice.

- Accounting of time. All your time must be accounted for by the date of the application.

- International medical graduates only. Copies of the following original documents with notarized translations. Documents provided by FOVS are accepted in lieu of the notarized copies.
  - Birth record/passport - notarized
  - Medical diploma notarized
  - US/Canadian postgraduate certificates
  - ECFMG certificate

- Military papers. Notarized copy of military discharge papers (DD Form 214), if applicable.

- Addendum to application. Complete, sign, and date the Addendum to Application form.

Minnesota Board of Medical Practice Physician Application Instructions Page 1 of 4
Receipts for all expenses over $25 must be itemized, excluding meals. Meals of any amount require an itemized receipt.

- Itemized receipts list the items purchased and the price per item.
- If a supplier will not provide an itemized receipt, a completed and signed Statement in Lieu of Receipt (UM 1566) must be submitted with the expense reimbursement request.
Lodging receipts must include a detail of the nightly rate, taxes, fees and any other charges to the room.

- If lodging is booked through an online travel site, such as Expedia, the receipt must show proof of payment, list the nightly rate, type of room and the dates reserved.

Hospitality meal receipts must show the items ordered and the price per item.

- It is the employee’s responsibility to request an itemized receipt.
- Most restaurants can reprint and email or fax itemized receipts.
EXAMPLE - MEALS

NOT ITEMIZED

ITEMIZED

Customer Copy
Number 4
12A WALNUT ST
MAHATTO, MN 56001
507-344-1444

Current Batch 01042016
Tue 1/5/2016 7:32:50 PM
Check 50 Table 36
Heather

BASE $216.00
TIP
TOTAL $257.00

Customer Copy
I agree to pay the above total amount according to the card issuer agreement.

NUMBER 4
AMERICAN BAR & KITCHEN

Check 53
Table 36
Heather
Guests 6 1/5/2016 7:06 PM

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>COKE</td>
<td>2.49</td>
</tr>
<tr>
<td>HOT TEA</td>
<td>2.25</td>
</tr>
<tr>
<td>ICED TEA</td>
<td>2.49</td>
</tr>
<tr>
<td>ASPARAGUS FRIES</td>
<td>12.00</td>
</tr>
<tr>
<td>MASHED POTATOES</td>
<td>14.00</td>
</tr>
<tr>
<td>SALMON</td>
<td>25.00</td>
</tr>
<tr>
<td>2 BLACK AND BLUE KNIFE</td>
<td>58.00</td>
</tr>
<tr>
<td>1 DESERT</td>
<td>18.00</td>
</tr>
<tr>
<td>3 FISH &amp; CHIPS</td>
<td>15.00</td>
</tr>
<tr>
<td>COCONUT CHICKEN SALAD</td>
<td>12.00</td>
</tr>
<tr>
<td>2 BUTTERSCOTCH CAKE</td>
<td>18.00</td>
</tr>
<tr>
<td>2 TRIPLE CHOCOLATE TRUFFL</td>
<td>18.00</td>
</tr>
</tbody>
</table>

Subtotal: 200.20
Tax: 15.77
Total: 216.00

NEXT
Meals referenced in this presentation are for Hospitality meals because all travel meals should be requested at the GSA per diem rate. Per diem rates will be addressed in other presentations.

Resources:
- FOD Admin Center Expense Reimbursement Policy

Contact fmfinanc@umn.edu with questions.