## **CHILDREN'S UNIVERSITY MEDICAL GROUP**

Seattle Children's<sup>®</sup> UW Medicine

## License Renewal Reimbursement

Name		Amount -	
Department	(Select fro	m List)	
		LICENSE TYPE	
License Type		Payroll Code -	
		CONTACT INFORMATION	
Requestor Name (if different than above)			
Requestor Email			
Requestor Phone#			
		REMIT ADDRESS	
Send via ONE method below			
Email		cumgpayroll@uwp.washington.edu	
Fax		(206) 987-8484	
Inter-office ma	il	Mailstop CSB-100 / Box 359300	
		SUMMARY OF REIMBURSEMENT POLICY	
Only renewal of licenses are eligible for reimbursement depending on your department. Requests are			

due on the 18th of the month and are reimbursement will be issued as a separate check/direct deposit from regular base pay (effective 3/1/2014).

Live checks will be mailed to home address unless you are enrolled in CUMG direct deposit. A separate form must be submitted for each type of license (do not combine).

## Include a copy of the RENEWED license and Receipts to avoid delays.

CUMG OFFICE USE			
	Qualifies for reimbursement		
	License copy received		