INVOICE: Training Verification Fees

UC San Diego

Account ID: *Office Use Only*	Phone Number of Requesting Institute:	Date: Office Use Only
Name of Requesting Institution: Contact Name: Contact email: Address: Fax:		Prepared By: **UC San Diego Education Services** Preparer's Phone Number: **619-543-6494**

Detail Code: RADVER	
TRAINING VERIFICATION FEES	
Program	**Charge Amount**
Fellowship only: ☑	$130.00
Residency only: ☐	$130.00
Fellowship and Residency: ☐	$260.00
Enter your Total:	

REMITTANCE INSTRUCTIONS

IMPORTANT – Print and return this invoice with your payment. **Make checks payable to: UC Regents**

USPS Mail to:
UCSD Radiology Business Office
9500 Gilman Drive, MC 0834
La Jolla CA 92093
Attn: y

OR

UPS/FedEx Mail to:
UCSD Radiology Business Office
410 Dickinson St, Suite 128
San Diego CA 92103
Attn: y

Name of physician to be verified:	Enter Total Fees Due (from above):

For questions regarding the status of your request, please contact radverify@ucsd.edu