

INVOICE: Training Verification Fees



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

Detail Code: RADVER	
TRAINING VERIFICATION FEES	
Program	Charge Amount
Fellowship only: <input type="checkbox"/>	\$130.00
Residency only: <input type="checkbox"/>	\$130.00
Fellowship and Residency: <input checked="" type="checkbox"/>	\$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: Radiology Finance	OR
UPS/FedEx Mail to: UCSD Radiology Business Office 410 Dickinson St, Suite 128 San Diego CA 92103 Attn: Radiology Finance	
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 or call Laura Crowl at 619-543-6494