

# REQUEST FOR EXPENSE REIMBURSEMENT



Please fill out this form if requesting financial assistance for COMLEX-USA related fees, such as: a flight cancellation, your examination is cancelled through force majeure, a family emergency, or illness. Requests will be reviewed by an independent committee. [Find more information here.](#)

## CURRENT INFORMATION

Date:

NBOME ID#:

First Name:

Last Name:

Daytime Phone Number:

Email:

Expense Incurred (amount):

This request applies to:

Level 1  Level 2-CE  Level 3

**Reason for Assistance Request:**

(Be specific. Include pertinent details.)

**List of Attached Third Party Documentation:**

(i.e., flight cancellation, doctor's note, testing center cancellation email, etc.)

PLEASE COMPLETE THIS FORM AND RETURN TO NBOME CLIENT SERVICES: [clientservices@nbome.org](mailto:clientservices@nbome.org)