

**University of Maryland Department of Radiation Oncology**  
**Initial Division Head Approval for Reimbursement/Payment for Publication Costs**  
*(to be completed BEFORE article submission)*  
**Revised February 2025**

Person making request: \_\_\_\_\_ (first or senior author)

Article authors, in the order in which they will appear in publication:

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Title of article:

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Target journal:

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Publication costs: Journal publication fees \_\_\_\_\_

Payment to be covered by:

Designated publication fees in grants or contracts  
 Industry sponsor  
 Author's or authors' professional funds  
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 Other: \_\_\_\_\_

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I have reviewed and approve this plan for publication of the above article. If the target journal does not accept the submission, please see me for approval of submission to another journal.

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Division head

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Date

*Once the article has been accepted for publication and the journal has sent an invoice, the author should forward this completed and signed form, attached to a completed Disbursement Request form, to the Business Office Accounts Payable Lead at [finance.radonc@fpi.umaryland.edu](mailto:finance.radonc@fpi.umaryland.edu). The division head should be copied on the final disbursement request.*