

**Colorado Area Health Education Center
State Program Office
University of Colorado Anschutz Medical Campus**

**Official Rent Receipt
For AMC Health Profession Students on Rural Rotation**

Date: _____

This is to certify that I have received from _____,
Student's Full Name

In the amount of \$ _____ in payment for rent for _____ nights lodging.

First Night of Housing _____ Last Night of Housing _____.

(Students Note: You will only be reimbursed for one day of travel and actual rotation dates which will be confirmed with the course coordinator. This receipt must be received in the AHEC Program office within 45 days of the last date of your rotation. Reimbursement will not be paid to a student's parents or siblings).

Landlord Signature

Note to landlords: Students are required to have this completed and signed receipt in order to receive reimbursement for rental expenses during rural rotations. You should enter actual amounts the student paid. Students will be reimbursed up to \$15 for each night. Thank you.

**LANDLORD CONTACT INFORMATION:
(All information below is required.) PLEASE PRINT**

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

SUBMIT THIS FORM TO: