ATTACHMENT E

Colorado Area Health Education Center Housing Program

AMC, UCCS, and UCFC Health Profession Students



Colorado AHEC Official Rent Receipt

Instructions:

- Fill this form out completely. Incomplete forms will be returned.
- If there is no landlord, i.e., Airbnb or hotel accommodations payment receipts must accompany this form.
- Email the completed form and supporting documentation to COAHECHousing@cuanschutz.edu with **"STUDENT-FOUND REIMBURSEMENT - STUDENT'S LAST NAME**" in the subject line.
- This receipt must be received in the COAHEC program office at COAHECHOUSING@cuanschutz.edu within 45 days of the last date of your rotation.

Note: Landlords are requested to provide students who have paid rental expenses during rural rotations with a completed and signed receipt. Please make sure to enter the actual amount paid by the student. This receipt is required for students to receive reimbursement for rental expenses.

Date:			
This receipt certifies that the	student whose name is mentioned below has p	aid the total amount of	
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(Enter the total amount paid)	for# of nights lod	o" 'o'	
First night of housing:	Last night of housin	Last night of housing:	
Landlord Signature:			
Landlord Contact Information (This may or may not be the address the student sta (All information below is required.) PLE	yed at during their rotation.)		
Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
night. This receipt must be received	bursed for (one day's travel before your rotation and actual i in the COAHEC program office at COAHECHOUSING@cuar tt information. (This is where your check will be mailed).		
Student Contact Informati (All information below is required.) PLE			
Name:			
Address:			

 City:	State:	Zip:
Phone:	Email:	