



Colorado Area Health Education Center
Housing Program
AMC Health Profession Students

Official Rent Receipt

Date: _____

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

In the amount of (total amount paid) \$_____ in payment for rent for (total number of nights)
_____ # of nights lodging.

First night of housing _____ Last night of housing _____.

Landlord Signature

Landlords note that students must have this completed and signed receipt to receive reimbursement for rental expenses PAID during rural rotations. Therefore, you should enter the actual amount the student paid. Thank you.

LANDLORD CONTACT INFORMATION:

(This may or may not be the address the student stayed at during their rotation.)

(All information below is required.) PLEASE PRINT

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Email: _____

Students Note; You will only be reimbursed for one day's travel and actual rotation dates (which will be confirmed with the course coordinator) for actual costs **paid** up to \$23.00 per night. This receipt must be received in the COAHEC program office at COAHECHOUSING@cuanschutz.edu within 45 days of the last date of your rotation. Please complete student contact information. (This is where your check will be mailed).

STUDENT CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Email: _____