**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 toreceive 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COAHECHousing@ucdenver.edu