



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

**Official Rent Receipt
For CU Anschutz 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 _____.

Landlord Signature

Landlords note; 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. Thank you.

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

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Students Note; You will only be reimbursed for one day travel and actual rotation dates (which will be confirmed with the course coordinator) for actual cost up to \$23.00 per night. This receipt must be received in the AHEC Program office 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: _____ Zip Code: _____

Phone: _____ Email: _____