

Eastern Arizona Area Health Education Center – EAHEC
1600 E. Ash Street, Sty#3 - Globe, AZ PO Box 572 – Globe, AZ 85502
(928) 402-8054 - OFFICE - FAX: (928) 402-9249 – CELL (928) 961-0335
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Student Reimbursement Form

THIS FORM IS TO BE TURNED IN MONTHLY WITH AN INSTRUCTOR SIGNATURE TO BE CONSIDERED PAYABLE.
*****IF FORMS ARE TURNED IN AFTER THE END OF THE MONTH THEY MAY NOT BE ELIGIBLE FOR PAYMENT**

EAHEC WILL NOT PAY FOR MILEAGE LESS THAN 40 MILES ROUND TRIP.
EAHEC WILL ONLY PAY A MAXIMUM OF **\$140.00 PER MONTHLY CLAIM.**

Date	To	From	Rd. Trip Miles	Rate .15/mile	Other approved costs	Total

Verification- with my signature, I verify that the expenses submitted for the reimbursement from the EAHEC office are honest and accurate, receipts are not required.

*****MUST BE ABLE TO READ ALL INFORMATION must be completed each time:**

If EAHEC cannot read your writing, it will delay your reimbursement, please PRINT legibly

Print Name Here: _____ **Date:** _____
Where to mail check (Address): _____
_____ **ZIP** _____

Instructor Signature: *(must have signature or will not be consider a valid claim)*

Student Signature: _____