OREGON ACADEMY OF FAMILY PHYSICIANS
FOUNDATION

Investing in future family physicians to serve our Oregon communities

ONLY Available to OAFP Members. Membership is free! Apply online.

AHEC Scholars Travel Reimbursement Request Form

Student

Email Address

Address (where check will be sent)

Rural Site **Dates of Rotation**

Please check which course you participated in at this site:

_____ FAMP 730 + RSP 741 (12 wks) _____ RSP 741 (8 wks)

Transportation: *(Travel expenses may be reimbursed up to $200 per person)*

☐ Personal car (Round trip mileage: _____) = $ _____
Mileage will be reimbursed at the current IRS rate of $.585 per mile. Total

☐ Bus ticket $ _____
Total

Signature Date

The OAFP/Foundation is honored to be able to support your travel expenses while participating in this rural rotation. Please email this completed form, along with a copy of any necessary receipts to Louise Merrigan, OAFP/Foundation Executive Director, at foundation@oafp.org.