



*Investing in future family physicians  
to serve our Oregon communities*

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## Family Medicine Rural Elective Rotation Travel Reimbursement Request Form

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**Student**

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**Email Address**

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**Address** (where check will be sent)

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**Rural Site**

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**Dates of Elective Rotation**

**Please check which course you participated in at this site:**

\_\_\_\_\_ FAMP 709 L  
\_\_\_\_\_ FAMP 709 TR

\_\_\_\_\_ FAMP 741 TH  
\_\_\_\_\_ FAMP 741 R

**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

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Signature

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Date

The OAFP/Foundation is honored to be able to support your travel expenses while participating in this rural core 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](mailto:foundation@oafp.org).