



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

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Family Medicine Core Clinical Experience Rotation Travel Reimbursement Request Form

Student

Email Address

Address (where check will be sent)

Rural Site

Dates of Core Rotation

Please check which course you participated in at this site:

_____ FAMP 730 (4 wks)

_____ FAMP 731C (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

Placed at rural commuter site City: _____

Signature

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.