



East Indiana AHEC Health Careers Champion Activity Reimbursement Request Form

Health Careers Champion Name: _____

School: _____

Activity Date: _____

Health Careers Activity Type: _____ Informational _____ Intensive

Health Careers Activity Description: _____

Expense Amount: _____

Expense Category: _____ Travel / Transportation
 _____ Education Supplies
 _____ Event/Activity Registration Fees
 _____ Payment to service provider

Reimbursement check payable to: _____

Reimbursement check mailing address:

- ✓ Attach receipt or expense documentation with this form.
- ✓ Make sure students/participants complete AHEC evaluation forms.
- ✓ Send this form plus receipt/documentation and evaluation forms to:

Jenny Koors
East Indiana AHEC
13 E George Street, STE B
Batesville, IN 47006

Email: jenny.koors@eiahec.org
(scanned/emailed versions of form and receipts are okay)