



# East Indiana AHEC – Clinical Student Travel Form 22-23

**Student Name** \_\_\_\_\_

**Academic Program** \_\_\_\_\_

**Rotation Location & Dates** \_\_\_\_\_

**Starting address** \_\_\_\_\_ **Clinical site address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*if you traveled from two starting address sites simply complete two forms - one for trips from each start address\**

**Dates of round trips to/from clinical site:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*I certify that the above information is correct.*

**Total number of round trips:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Professor or Clinical Site Supervisor Sign-Off**

*I certify that the student above completed the rotation / internship / clinical as reported.*

**Name (print)** \_\_\_\_\_ **Role/Title** \_\_\_\_\_

**Professor / Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

EI-AHEC Staff Use		
___ in-region student	state rate .\$.49 511+ miles eligible for \$250	total miles _____
___ out-of-region student	state rate .\$.49 715+ miles eligible for \$350	eligible \$ amount _____
<i>State rates as of 8/1/2022; may be updated throughout year</i>		