



# East Indiana AHEC – Clinical Student Travel Form 24-25

**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/Preceptor Sign-Off**

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

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

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

El-AHEC Staff Use

\_\_\_ in-region student state rate .\$.49 1020+ miles eligible for \$500 total miles \_\_\_\_\_

\_\_\_ out-of-region student state rate .\$.49 612+ miles eligible for \$300 eligible \$ amount \_\_\_\_\_

*State rates as of 8/1/2022; may be updated throughout year*