Official Rent Receipt
For AMC Health Profession Students on Rural Rotation

Date: ______________

This is to certify that I have received from _____________________________,
Student’s Full Name

In the amount of $__________ in payment for rent for ________ nights lodging.

First Night of Housing_____________ Last Night of Housing ______________.

(Students Note: You will only be reimbursed for one day of travel and actual rotation dates which
will be confirmed with the course coordinator. This receipt must be received in the AHEC Program
office within 45 days of the last date of your rotation. Reimbursement will not be paid to a student’s
parents or siblings).

____________________________________
Landlord Signature

Note to landlords: Students are required to have this completed and signed receipt in order to
receive reimbursement for rental expenses during rural rotations. You should enter actual
amounts the student paid. Students will be reimbursed up to $15 for each night. Thank you.

LANDLORD CONTACT INFORMATION:
(All information below is required.) PLEASE PRINT

Name: ________________________________________________________________

Address: ______________________________________________________________

City: ___________________________ Zip Code: _____________________________

Phone: _________________________ Email: ________________________________

SUBMIT THIS FORM TO: