



**Travel Allowance for SEARCH Students/Residents**  
Student/Resident Experiences And Rotations in Community Health



*Please complete and submit this form once you have completed your rotation. We must also have your Student Evaluation to process this request. If you have not completed the evaluation, please send it with this form.*

Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Institution and School: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Non-UTMB Students/Residents must submit a [W9](#) form with this request.**

SEARCH Site Name & Address:

Headquarters during rotation:  
*(home, hotel, student housing, etc)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates spent at SEARCH rotation site? *Example: 7/5-8/10, 7/12-15/10. Please attach a separate sheet as needed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: The maximum amount allotted for travel support is \$500 plus roundtrip mileage from institution to site **or** roundtrip mileage from housing to site at the State allowed rate.

I certify that the enclosed information is an accurate record of expenses incurred by me on official UTMB business. If during the Audit process, it is found that I have been over reimbursed; I agree to return the excess amount. (Government Code 660.017).

Signature

Date

Please complete and return this form to:  
Ingrid Bowden, M.Ed., R.N., East Texas AHEC  
301 University Blvd, Galveston, TX 77555-1056  
Fax: 409-772-7886, Email: [ingrid.bowden@utmb.edu](mailto:ingrid.bowden@utmb.edu).

For Administrative Use
Mileage _____
Per Diem _____
Total _____