



Travel Allowance for SEARCH Students/Residents
UTMB Students Only
 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: _____

UTMB PID number (if applicable) _____

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.

Disbursement options: Please select one of the following options.

Mailed: Login to [E-Connect](#) to verify mailing address prior to returning this form.

Direct Deposit: Complete [Direct Deposit](#) form. Form must be submitted within 3-5 business days prior to returning this form.

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.

For Administrative Use
Mileage _____
Per Diem _____
Total _____