WASHINGTON ACADEMY OF FAMILY PHYSICIANS FOUNDATION Select Campus: [ ] UW-Seattle [ ] UW-Spokane

MEDICAL STUDENT RURAL/UNDERSERVED ACTIVITES: Student Scholar Travel

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Physician Preceptor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPENSE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Day: \_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_** | **Day: \_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_** | **Day: \_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_** | **Day: \_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_** | **Day: \_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_** | **Day: \_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_** | **Day: \_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_** | **TOTALS** |
| Lunch, Dinner | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |  |
| Supplies | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |  |
| Mileage - #miles at 22.5 ¢ per mile | # miles: \_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_ | # miles: \_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_\_\_\_ | # miles: \_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_\_\_\_ | # miles: \_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_\_\_\_ | # miles: \_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_\_\_\_ | # miles: \_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_\_\_\_ | # miles: \_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Ferry Fee |  |  |  |  |  |  |  |  |
| Lodging |  |  |  |  |  |  |  |  |
| Parking |  |  |  |  |  |  |  |  |
| Misc. (pleaseItemize) |  |  |  |  |  |  |  |  |
| **Daily TOTALS** |  |  |  |  |  |  |  |  |

**\*CHECK ADDRESS (associated with name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*MAIL TO ADDRESS (if different than check)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Mileage: Auto mileage at 22.5¢ per mile reimbursable. Please **attach Map Quest indicating mileage**.
* Send expense reports, backup statements and original receipts to Executive Vice President, WAFP, 1239 – 120th Avenue NE, Suite G, Bellevue, WA 98005. Or scan and email to WAFP staff at info@wafp.net.
* Do you have questions? Call 800-621-8424 or 425-747-3100