

Reimbursement Acknowledgment

☐ **I acknowledge that I must submit all required receipts within two (2) weeks of the conference end date to receive reimbursement.** Receipts must meet all documentation guidelines as outlined in the MPH Conference Travel Fund Award details.

Signatures

I certify that the information provided above is accurate and complete.

Student Signature: _____ **Date:** ____ / ____ / ____

Concentration Director Signature: _____ **Date:** ____ / ____ / ____

(Concentration Director must verify that the conference is appropriate for the student's concentration and professional development.)