



2017 CRITICAL ACCESS HOSPITAL & FLEX COMMITTEE REIMBURSEMENT FORM

The Minnesota Department of Health, Office of Rural Health and Primary Care will cover reimbursement of conference registration for one day, one night's lodging in Duluth at conference hotels, and travel for **one** representative from **each** Minnesota critical access hospital and each Flex Advisory Committee Member.

Name: _____

Organization: _____

Make check payable to: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CAH

Flex Committee

Registration (1 day \$110 reimbursable)	Duluth Hotel Name (Up to \$160 max. You must include a copy of your hotel receipt for 6/18 or 6/19 night)	Mileage (Maximum allowed: [200 miles] \$107)
		_____ miles X \$0.535 per mile = \$_____

I certify that the expenses outlined above are correct.

Signature _____ Date _____

\$ _____

TOTAL REIMBURSEMENT
Not to exceed \$377

** Requests for reimbursement MUST be returned to the National Rural Health Resource Center no later than August 11, 2017. **
** Please email to klonetto@ruralcenter.org **