YUKON-KUSKOKWIM HEALTH CORPORATION
P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6000

Travel Reimbursement Agreement

This agreement between the YK AHEC and _____ (Participant) is for the purpose of sponsoring the Participant to complete a clinical rotation at the Yukon Kuskokwim Health Corporation from _____. If approved and the rotation is completed successfully, YK AHEC will reimburse the Participant a portion of the transportation costs to the training site and a portion of the housing costs at the site. A limit to the transportation cost reimbursement is outlined below. Total transportation and housing reimbursement will be capped at $_____. No stipends will be provided for food or incidentals.

Travel by Plane

Reimbursement for transportation costs will not exceed $_____ consisting of an advance purchase trip airfare at the lowest tourist class fare on a scheduled flight of a commercial carrier from _____ to Bethel. The participant is responsible for any additional costs incurred due to changes in departure or return date, changes in training dates, over-heading, or delays for any reasons. The participant is responsible for acquiring transportation and connections. An itinerary, cost comparison* and proof of purchase will be required for reimbursement of transportation costs. (Boarding passes are required if changes are made from the original itinerary printout and are appreciated for all flights.) Reimbursement will be based on actual costs, not air miles or coupons or other trade values, only costs incurred.

**Our grant funds require a cost comparison be done using a different airline to ensure you are booking the least expensive flight. This comparison needs to be done on the same day that you book your flight and it should be printed out and sent into YK AHEC. Please contact: YK AHEC 907-543-6060*

Housing

Proof of payment for housing will also be required, along with hotel receipt, rental lease, or itemization provided by the lodging provider which identifies dates and rates.

YK AHEC agrees to provide participants with advice on travel carriers within Alaska to the training site and will suggest ideas for housing, if necessary. YK AHEC will provide to the participant the Travel Reimbursement Agreement as well as a post- clinical rotation survey.

The participant agrees to:

- Create and send in a cost comparison along with your itinerary and proof of purchase.
- Sign and return a Travel Reimbursement Agreement form via fax or email before departing for the site
- Review the appropriate regional Cultural Attunement Module and complete a survey
- Provide travel reimbursement paperwork as requested as soon as the return trip is completed, no later than 30 days after the rotation is over.
- Complete a post-clinical rotation evaluation after the end of the rotation.
- Respond to requests for updates by YK AHEC for contact information and progression through their academic career into practice site selection.

_____	_____	_____	_____
Signature	*Date*	*Printed Name*	*email*

Forms can be scanned and emailed to ahec@ykhc.org or faxed to 907-543-6061.