

# Centralized Intern Training Funds Reimbursement Request

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FY: _____
Invoice # _____

**\*\*See CIT Reimbursement Administrative Letter for allocated amounts\*\***

Name of REHS- Intern (or REHS)	County Health Dept Name & Mailing Address	CIT Modules and Dates Attended GM = General Module FPF = Food Module OSWP = On-site Water Protection	**Subsistence Reimbursement (Food / Lodging)	**Mileage Reimbursement (1 round trip per 2 attendees)	Total Amount per REHS Intern  <b>532199028</b>

**Total Amount Requested: \$ \_\_\_\_\_**

Health Director Name	Health Director Signature	Date
Contact Person Name	Contact Person Signature	Phone Number

This form is to be used when requesting reimbursement. Submit this reimbursement request directly to:  
Melissa McKenzie, Education & Training Specialist II: [melissa.mckenzie@dhhs.nc.gov](mailto:melissa.mckenzie@dhhs.nc.gov)