

Centralized Intern Training Funds Reimbursement Request

Invoice # _____

Name of REHS-Intern (or REHS)	County Health Department and 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 532199028

Total Amount Requested \$ _____

Health Director Signature_____
Date_____
Contact Person Signature_____
Phone Number

Date Stamped (DHHS use only)

This form is to be used when requesting reimbursement. Submit this reimbursement request directly to:

Environmental Health Section,
Centralized Intern Training & Authorizations
DHHS - Division of Public Health
1632 Mail Service Center
Raleigh, NC 27699-1632

Reviewed by:

Initials Date