

**AIR FORCE HEALTH PROFESSIONS SCHOLARSHIP PROGRAM (AFHPSP)
REQUIRED REIMBURSEMENT(S) ACCOUNTING LIST**

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8012, Sec of the AF, Powers & Duties, Delegation by Compensation; EO 9397, 22 Nov 43, Numbering System for Federal Accounts Relating to individual Persons. **PRINCIPAL PURPOSES:** Provide HPSP students with consolidated form to list itemized expenditures and certification for reimbursement. **SSN** required for identification. **ROUTINE USE:** Listing itemizes expenditures and expedites handling of claims. **DISCLOSURE IS VOLUNTARY.** Students requested to use form for standardization.

NAME (Please print or type last name, first name, middle initial)	SSN	PHONE (Include Area Code)
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CURRENT ADDRESS (Include Street, State, and Zip Code)	SCHOOL	DEGREE PROGRAM	
	E-MAIL ADDRESS	AFHPSP ELIGIBILITY DATE	GRADUATION DATE

#	REQUIRED ITEMS <i>(Insurance, book title, equip, boards)</i>	COURSE NUMBER AND DESCRIPTION	QTY	UNIT COST	TOTAL COST	FOR AFIT USE ONLY			
						ALLOWED	CODE	REASON	RESUBMITTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

NAME (Please print or type last name, first name, middle initial)

	REQUIRED ITEMS <i>(Insurance, book title, equip, boards)</i>	COURSE NUMBER AND DESCRIPTION	QTY	UNIT COST	TOTAL COST	FOR AFIT USE ONLY			
						ALLOWED	CODE	REASON	RESUBMITTAL
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									

SUBTOTAL		SUBTOTAL	
+ TAX		+ TAX	
TOTAL		TOTAL	

I certify that this claim for reimbursement is for items that are required and actually used for academic/clinical attendance by myself and all other students at this institution pursuing a like degree during the current academic period (Starting _____ Ending _____). I also understand that tuition and related fees, textbooks, supplies, and equipment required for postgraduate education programs beyond AFHPSP are nonreimbursable. I certify all required documents to support this reimbursement are attached.

SIGNATURE OF STUDENT	DATE