



Colorado Area Health Education Center System  
University of Colorado Denver

2008-2009

Official Rent Receipt for Students on Rural Rotations

Date: \_\_\_\_\_

This is to certify that I have received from \_\_\_\_\_,  
Student's Full Name

In the amount of \$ \_\_\_\_\_ in payment for rent for \_\_\_\_\_ nights lodging

During the period from \_\_\_\_\_ through \_\_\_\_\_.

\_\_\_\_\_  
Landlord Signature

**Note to landlords:** Students are required to have signed receipts in order to receive reimbursement for rental expenses during rural rotations. Please complete the information below. Thank you.

LANDLORD INFORMATION: (All information below is required.) **PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_