

**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)
CURRENT ADDRESS (Include Street, State, and Zip Code)	SCHOOL	DEGREE PROGRAM	
	E-MAIL ADDRESS	AFHPSP ELIGIBILITY DATE	GRADUATION DATE

1	REQUIRED ITEMS (Insurance, book title, equip, boards)	COURSE NUMBER AND DESCRIPTION	QTY	UNIT COST	TOTAL COST	FOR AFIT USE ONLY			
						ALLOWED	CODE	REASON	RESUBMITTAL
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 (Insurance, book title, equip, boards)		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	
<p>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.</p>										
SIGNATURE OF STUDENT								DATE		