MSFC RHE Budget Format:

Please answer all questions to the best of your ability. All applicants must submit a completed budget in order to be considered for funding.

Studen	t Name:											
Medical School Name:												
Medical School Location:												
Host Facility Name:												
Host Facility Location:												
RHE S	tart date:					RHE	End date:					
Estimated Expenses: All expenses projected below must be documented with receipts following your externship. Please contact the RHE Program Manager if you have any questions about what qualifies as appropriate documentation.												
1.	RHE travel expenses (home city to externship location). If you will travel to an externship site in a location other than that of your medical school or permanent address, please explain why you choose to travel to this location.											
2.	Housing	exper	nses	incurre	ed durii	ng comp	oletion of	RI	ŀЕ			
3.	RHE public transit/commute expenses											
4.	RHE tuition costs required by host facility (if applicable)											
5.	Total Est	imate	ed E	xpenses	s (pleas	se conve	ert to US	Dol	llars):			
	be sure to	_		what ot!	her fina	ancial re	esources,	if a	ny, you l	have av	ailabl	e to
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