



MASSACHUSETTS
ENVIRONMENTAL HEALTH
ASSOCIATION

MEHA Ambassador Program Reimbursement Form

Ambassador Information

Name: _____ Email: _____

Preferred Mailing Address: _____

City: _____ State: ____ Zip: _____ Cell Phone: _____

Ambassador Outreach Location 1

Institution Name: _____ Outreach Date: _____

Institution Address: _____

City: _____ State: ____ Zip: _____ Cell Phone: _____

Audience: _____

Required Attachments (as applicable)

Google map (or similar) that clearly states mileage driven

Receipt for toll payment (e.g., E-Z Pass receipt)

Parking receipt

Other: _____

Ambassador Outreach Location 2

Institution Name: _____ Outreach Date: _____

Institution Address: _____

City: _____ State: ____ Zip: _____ Cell Phone: _____

Audience: _____

Required Attachments (as applicable)

Google map (or similar) that clearly states mileage driven

- Receipt for toll payment (e.g., E-Z Pass receipt)
- Parking receipt
- Other: _____

Ambassador Outreach Location 3

Institution Name: _____ Outreach Date: _____

Institution Address: _____

City: _____ State: ___ Zip: _____ Cell Phone: _____

Audience: _____

Required Attachments (as applicable)

- Google map (or similar) that clearly states mileage driven
- Receipt for toll payment (e.g., E-Z Pass receipt)
- Parking receipt
- Other: _____

Ambassador Outreach Location 4

Institution Name: _____ Outreach Date: _____

Institution Address: _____

City: _____ State: ___ Zip: _____ Cell Phone: _____

Audience: _____

Required Attachments (as applicable)

- Google map (or similar) that clearly states mileage driven
- Receipt for toll payment (e.g., E-Z Pass receipt)
- Parking receipt
- Other: _____
- Other: _____