



Hawaii Hospital Education and Research Foundation

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**REIMBURSEMENT FOR THE JCR EDUCATION PROGRAM EXPENSES**

**APPLICABLE TO NEIGHBOR ISLAND ATTENDEES**

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ATTENDEE'S NAME \_\_\_\_\_

JCR PROGRAM DATES \_\_\_\_\_

HHERF CHECK PAYABLE TO \_\_\_\_\_

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TOTAL AMOUNT \_\_\_\_\_

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***Receipts are required. Please submit by email to [ggibo@hah.org](mailto:ggibo@hah.org).***

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