BetterHealth AMBASSADOR
CITY OF ALBUQUERQUE

Submit this form to:
Jenna Archuleta • jrarchuleta@cabq.gov

INCENTIVE REQUEST FORM

Ambassador Name: _____

Location: _____

Brief description of how incentive will be used: _____

_____

INCENTIVE:

- ☐ **Fold Up Travel Fans:** How many: _____
- ☐ **Pens:** How many: _____
- ☐ **Chile Pepper Stress Balls:** How many: _____
- ☐ **Jump Ropes:** How many: _____
- ☐ **Hot/Cold Packs:** How many: _____
- ☐ **Luggage Tags:** How many: _____
- ☐ **Re-Useable Snack Containers:** How many: _____
- ☐ **Fanny Packs:** How many: _____
- ☐ **Airplane Stress Balls:** How many: _____
- ☐ **Rain Ponchos:** How many: _____
- ☐ **Stick-On Phone Wallets:** How many: _____
- ☐ **Dominoes Games:** How many: _____
- ☐ **Sunglasses:** How many: _____
- ☐ **Travel Fans:** How many: _____
- ☐ **Air Fresheners:** How many: _____
- ☐ **Travel Eye Mask:** How many: _____

*** All items are approved on a case-by-case basis and while supplies last*