



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: _____

☐ **Travel Tissues:** How many: _____

☐ **Jump Ropes:** How many: _____

☐ **Hot/Cold Packs:** How many: _____

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