

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Office of Student Affairs (OSA)
Application for Support for Student Delegates to Professional Meetings

Name: _____ PID # _____

Year in School: 1 _____ 2 _____ 3 _____ 4 _____

Meeting:

Location:

Dates: Leaving _____ Returning _____

Purpose of Trip:

Estimate of Total Expenses for Trip:

Transportation Expenses: Airfare: \$ _____ Airport to Lodging (cab/shuttle): \$ _____

Auto Mileage: \$ _____ (If driving to meeting location)

Other (Specify: _____): \$ _____

Lodging Expenses: \$ _____ Parking: \$ _____

Meeting Registration: \$ _____ (Reimbursement will be at student, early registration rate)

Total Expenses: \$ _____

Amount to be obtained from other sources: \$ _____

Amount Requested from OSA: \$ _____

Signature: _____ Date: _____

OSA Use Only

Received: _____

Approved _____ \$ _____ Disapproved _____ Reason _____

Director of Student Affairs

Date