

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Office of Student Affairs (OSA)
Request for Reimbursement of Professional Meeting Registration Fee

Name: _____ PID #: _____

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

Meeting: _____

Location: _____

Dates: _____

Amount of Registration Fee: \$ _____

Amount obtained from other sources: \$ _____

Amount requested from OSA: \$ _____

I understand that the OSA will only pay for the early discount, student member registration fee. I also understand that I must submit an original itemized receipt, showing the amount paid, no later than 10 days following my return from the meeting.

Signature: _____ Date: _____

OSA Use Only

Date received: _____

Approved: _____ Amount: \$ _____

Not approved: _____ Reason: _____

Director of Student Affairs

Date