

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:

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OSA Use Only

Date received:

Approved:                      \_ Amount: \$

Not approved:                Reason:

Director of Student Affairs:

Date: