

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

Name:

PID #:

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

Meeting:

Location:

Dates:

Purpose of Trip:

Lodging Expense: \$

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

Airfare: \$

Parking Expense: \$

Auto Mileage:

Ground Transportation: \$

Total Expense: \$

Amount to be 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: