

# Skaggs School of Pharmacy and Pharmaceutical Sciences

## Conference Registration Reimbursement Form for Preceptors

**PURPOSE:** Use this form to request reimbursement for a previously approved meeting registration expense.

Name:

Date:

Site/Hospital Affiliation:

Phone Number:

Social Security Number:  
(Required for all  
reimbursements)

- Required only if [new payee](#).  
Provided via phone/invitation to  
a secure portal.

Email Address:

Mailing Address:  
(Your reimbursement will  
be mailed to this address)

Meeting Name:

Meeting Location:

Total Registration Cost:

Amount to be  
Reimbursed:

Meeting Date:

Brief outline of precepting  
contributions to SSPPS  
students in past 12 months:  
- include student(s) name(s)  
- include rotation information

**Please email this completed form along with the original payment receipt within 30 days of the meeting to:**

**[Karla Barranco Marquez, Experiential Education Coordinator](#)**

**[kbarrancomarquez@health.ucsd.edu](mailto:kbarrancomarquez@health.ucsd.edu)**

**858-822-5503**

\*Payment Compass is a secure portal lined to UCSD disbursements. Payee's may receive an invitation to provide payee information.