

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

858-822-5503

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