

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

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:**

**Ezra Blaize**  
**Experiential Education Coordinator**  
[eblaize@health.ucsd.edu](mailto:eblaize@health.ucsd.edu)  
**(858) 822-2216**

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