

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:

Jayne Laity
Experiential Education Coordinator
jlaity@ucsd.edu
(858) 822-2458

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