

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences  
Office of Student Affairs (OSA)  
**Request for Reimbursement of Professional Meeting Registration Fee**

Name:

PID #:

Class Year:

Meeting:

Location:

Dates:

Amount of registration fee: \$

Amount obtained from other sources: \$

Amount requested from OSA: \$

I understand that I must submit an original itemized receipt, showing the amount paid, no later than 10 days following my return from the meeting. Submit to: [spss-studentaffairs@health.ucsd.edu](mailto:spss-studentaffairs@health.ucsd.edu).

Signature:

Date: