

UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences
Office of Admissions (OA)
Application for Student Reimbursement for Outreach

Name: _____ PID #: _____

Year in School: 1: ____ 2: ____ 3: ____ 4: ____

Event: _____

Location: _____

Dates: _____

Lodging Expense: \$ _____

Registration Expense (if applicable): \$ _____

Airfare: \$ _____

Parking Expense: \$ _____

Gas Receipt: \$ _____

Auto Mileage (if within San Diego County): _____

Ground Transportation: \$ _____

Amount Requested from OA: \$ _____

I understand that I must submit an original itemized receipt, showing the amount paid, no later than 10 days following my return from the event.

Signature: _____ Date: _____

OA Use Only

Date received: _____ Approved: _____ Amount: \$ _____

Not approved: ____ Reason: _____

Director of Student Affairs and Admissions: _____ Date: _____