

Please complete the information requested below. As a reminder, the following guidelines apply to funding for travel to professional meetings. Reimbursements are limited to (2) meetings per academic year per student. These meetings are limited to professional pharmacy related conferences/meetings.

We will reimburse for the **“early bird/student membership rate.”** We do not pay for membership fees. **You must submit proof of payment for the registration fee.** Name badges are not acceptable.

Acceptable proof of payment guidelines:

1. *We highly recommend that you obtain a written receipt for the registration fee when you check-in on the first day (no photocopies).*
2. *If registration and payment was made on-line, submit a copy of the on-line confirmation. This receipt must clearly indicate payment of the registration fee. If it does not, you must provide proof of the amount you paid.*
3. *If payment was made by credit card, you may submit a copy of your credit card statement (original or online printout) showing the charge; please be sure your name appears on the statement. A credit card receipt is not acceptable as it does not indicate what is being purchased.*
4. *If payment was made by check, a copy of the front and back of the canceled check is required.*

Reimbursement requests must be submitted within 30 days, or as soon as sufficient proof of payment can be provided.

We DO NOT reimburse for meetings “in town” or for fourth year students attending the CSHP Seminar or the ASHP Midyear meeting.

To be eligible for reimbursement, you must attend all events specified by the student leaders. If you attend a meeting or conference other than the CSHP Seminar, ASHP Midyear, APhA National, ASP Regional, AMCP, SNPhA or Outlook, a written statement of your experience must accompany your reimbursement request. Please submit your statement on a separate sheet of paper and include your name.

This form can be found at <http://pharmacy.ucsf.edu/pharmd/students/misc/travel/travel.pdf>

Following the above guidelines will avoid delay in processing your reimbursement.

---

Name (print)

---

Mailing address

City

State/ZIP

---

E-mail Address

Home Phone

Today's Date

Name of meeting attended: \_\_\_\_\_

Date(s) of attendance: \_\_\_\_\_

Location of meeting: \_\_\_\_\_

**Early Bird/student membership registration rate (max for any reimbursement): \$ \_\_\_\_\_**

\_\_\_\_\_  
*Initial Here* I confirm that I have not received any outside sponsorship funding for the above conference fee.