

UCSF SCHOOL OF PHARMACY
OFFICE OF STUDENT AND CURRICULAR AFFAIRS

REIMBURSEMENT FOR
PROFESSIONAL MEETING

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. *If registration and payment was done on-site, you should obtain a written receipt for payment, noting payment method. Payments made in cash should be noted by the vendor receiving payment.*
2. *If registration and payment was made online by credit/debit card, submit a copy of the online confirmation. This receipt must clearly indicate reference to payment.*
3. *If payment is made by credit/debit card and there is no reference to payment on the confirmation, you may submit a copy of your credit/debit card statement showing the charge – or just a printout of the transaction; your name and the last four digits of the account number must appear on either document.*
4. *If payment was made by check, a copy of the front and back of the canceled check or printout of the transaction from a bank account is required.*

Reimbursement requests must be submitted within **14 days** of the last day of the meeting.

We DO NOT reimburse for meetings “in town” or for fourth-year students attending CSHP Seminar, ASHP Midyear or ACCP Annual.

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, CPhA Exchange or ACCP Annual, 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 <https://pharm.ucsf.edu/current/policies/meeting-fees>

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

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Name (print)

Mailing address

City

State/ZIP

E-mail Address

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): \$ _____

_____ I confirm that I have not received any outside sponsorship funding for the above conference fee.
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