

COLLEGE OF PHARMACY STUDENT TRAVEL FORM

Date: _____

TRAVELER INFORMATION

STUDENT NAME: _____

UA STUDENT ID: _____

Address: _____

CLASS OF: _____

City: _____ State : _____ Zip: _____

Circle one: P1 P2 P3 P4

President President-Elect

Did you receive approval to attend? Y / N

Travel *with* Reimbursement (if eligible)

Travel without Reimbursement

TRAVEL DETAILS

BUSINESS PURPOSE OF TRAVEL: (Brief description)

International Travel: Y / N

MODE OF TRANSPORTATION Circle one: AIR POV (Personally Owned Vehicle)

CITY, STATE DEPARTING FROM:

DEPARTURE DATE:

CITY, STATE RETURNING FROM:

RETURN DATE:

CONFERENCE REGISTRATION (Early, Member Rate Only)

\$200-Adjoining States (CA, NV, NM, UT, CO)

FEE AMOUNT: \$ _____

\$500-Other States or International

By signing below, I understand that this travel reimbursement is contingent on my full participation in the above activity. Within 3 working days of my return, I will provide the Office of Student Services, original documents confirming my registration, travel, and lodging as requested. I understand that the funds I receive will be disbursed directly into my Bursar account.

Signed: _____ Date: _____

COMPLETE & RETURN TO OFFICE OF STUDENT SERVICES TWO WEEKS PRIOR TO TRAVEL

Through our program fee the College of Pharmacy is able to partially support students' participation at specific professional and scientific meetings. The business purpose is to benefit The University of Arizona in the papers and posters that are presented on specific topics of importance to the pharmacy profession. Additionally, students participate in discussions and collaborations, thus sharing knowledge gained at the University of Arizona, College of Pharmacy with other students, faculty and pharmacists from around the country and the world.