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**Regional Meeting**

**Reimbursement Form**

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| **Date of Event** |  | |
| **Name of Event** |  | |
| **Number of Attendees** |  | |
| **Organizing Chapter** |  | |
| **University/College** |  | |
| **Region** |  | |
| **Contact Person** |  | |
| **Contact Telephone** |  | |
| **Contact Title**  **(i.e. Chapter Advisor, Chapter Officer)** |  | |
| **Contact Email** |  | |
|  |  |  |
| **Attendees**  **(Use additional sheet if necessary)** | **Chapter Name** | **University/College** |
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| **Please attach a narrative summary of the focus/accomplishments of the meeting.** | | |
| **A list of actual expenses must accompany this request.**  **Please attach receipts.** | | |
| **Submitted by:** | | |
| **Sponsoring Chapter Advisor**  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

Submit to: Rho Chi Society National Office   
 CB#7569 – 3210 Kerr Hall

UNC Eshelman School of Pharmacy

Chapel Hill, NC 27599-7569