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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