****

**Regional Meeting**

**Reimbursement Form**

|  |  |
| --- | --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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
 USC School of Pharmacy

 1985 Zonal Avenue, PSC 700D

 Los Angeles, CA 90089-9121