

## The Rho Chi Society

## 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	Chapter Name	University/College
(Use additional sheet if necessary)		
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 with receipts to:

The Rho Chi Society University of Michigan, College of Pharmacy

428 Church Street, Suite 2568 NUB

Ann Arbor, MI 48109-1065 Email: rhochisociety@umich.edu