

## Professional Formation and Career Services (PFCS) Student Travel Reimbursement Form

Name:	MB#
Program:	Email:
Phone:	Address:
Event Title:	Your City, State, Zip:
Event Host:	Event Location:
Dates of Travel:	If you will miss class or clinic shifts, have you made arrangements with the faculty and/or the associate dean?

**DEAN, ASSOCIATE DEAN or REGISTRAR:**

**This student is currently in good academic standing.**



Signed,

Date:

\_\_\_\_\_

(Dean, Associate Dean or Registrar)

**STUDENT:**

**How will this event enhance your professional development? What is your proposal for sharing this information with the rest of the student body (within four weeks of your return)?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is a summary of my expenses for this event. If an expense was shared with others (e.g., hotel room), I will only request reimbursement for my share of the cost.

Expense Type:*	Cost:	Reimbursement (or Anticipated Reimbursement) Amount and Source (e.g., PFCS, SGA, NMSA, Scholarship)**:

\*Copies of receipts must be attached to be processed

\*\*Reimbursement funds from the PFCS department are dispersed at the discretion of the department director when available. Application does not guarantee reimbursement.

Date received by Director of Professional Formation and Career Services: \_\_\_\_\_

Project Approved \_\_\_\_\_ Request Approved: \_\_\_\_\_ Submitted for Reimbursement: \_\_\_\_\_