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College of Pharmacy &  
Health Sciences

## PROFESSIONAL TRAVEL/ EVENT REIMBURSEMENT REQUEST FORM

<b>NAME:</b>	<b>DRAKE ID:</b>
<b>LOCAL PHONE:</b>	
<b>DRAKE EMAIL ADDRESS:</b>	<b>ADVISOR:</b>
<b>CURRENT CLASSIFICATION:</b>	<b>ANTICIPATED GRADUATION DATE (Month/Year):</b>

### PROFESSIONAL EVENT REQUEST

<b>IPA EVENT</b>	College Night (Fall) Legislative Day (Spring)  <i>Note: Students who register but do not attend will be billed the cost of the event.</i>
<b>NATIONAL MEETING</b>	AMCP ASHP APhA-ASP CPFI NCPA SNAPhA OTHER
<b>OTHER EVENT</b>	

National Meeting Attendees: Please include a brief statement as to what you hope to gain from your attendance at the national meeting.