

## Kennedy Pharmacy Innovation Center Travel Instructions and Form

Congratulations on your KPIC Scholarship! KPIC Travel Scholarships work on a reimbursement basis; this means that in order to get the scholarship money you must first pay for your travel expenses yourself. Then you will submit receipts to KPIC and we will reimburse you for an amount **no greater than** the amount specified in your award letter. Please read the guidelines below and follow the instructions so that we can get you reimbursed quickly and for your full award amount.

### Rules for Purchases

- Alcohol cannot be reimbursed. Food receipts with alcohol purchases on them cannot be reimbursed. Have any alcohol paid for on a separate receipt.
- We cannot reimburse gas money. We can reimburse for mileage. For the mileage reimbursement form, look at the [Travel Reimbursement section of the KPIC webpage](#).
- You must pay for the expenses yourself in order to be reimbursed for it. Do not submit receipts for reimbursement if someone paid for the expense on your behalf.
- If you are sharing expenses, like a hotel room, **prior** approval from the Kennedy Center is required. Call Pamela Hite at (803) 576-7282 or email her at [phite@cop.sc.edu](mailto:phite@cop.sc.edu) for approval. She will send you an email to approve of the shared expense. If you do not receive prior approval, your expense will not be reimbursed.

### Submitting Your Receipts

- Original receipts or clearly scanned copies are accepted
- Receipts must be paid; invoices will not be accepted. Proof of payment is required.
- Receipts must be submitted with the completed form on the next page, within *two* weeks of returning from travel.

If at any point before, during, or after your travel you receive additional financial assistance, you must report it to KPIC.

Submit ALL receipts to KPIC for processing first and then submit any remaining to other USC funding sources. KPIC will provide you with information on the receipts used for processing your reimbursement. You may not submit these receipts to any other USC funding source unless there is an unreimbursed amount remaining.

If you have any questions or concerns regarding how your scholarship will be awarded or you need assistance with travel arrangements, please contact Pamela Hite at (803) 576-7282 or [phite@cop.sc.edu](mailto:phite@cop.sc.edu),

## Kennedy Pharmacy Innovation Center Travel Reimbursement Form

Submit this form with your receipts. Put N/A for any expenses not applicable to your trip.

**Name:**

**Address for check distribution:**

**Phone number:**

### **Trip Details**

**Date/time of travel (include time you departed and returned):**

**Destination/Purpose:**

	Description	Cost (\$)
<b>Method of Travel</b>	(Ex: Plane/taxi, personal vehicle)	
<b>Housing:</b>		
<b>Event:</b>		(Registration fee)
<b>Meals:</b>	(How many)	(Add up receipts)
<b>Other:</b>		

### **Funding Sources**

List all sources of funding for your trip, including your KPIC Scholarship.

Funding Source	Amount (\$)	Intended use
KPIC Scholarship		Any acceptable expenses