



USC COP USE ONLY

Invoice No. _____
 Date: _____
 Payment: _____
 Director Approval: _____

INVOICE FOR ADVANCED PHARMACY PRACTICE EXPERIENCE*

Please Print or Type

Submit all invoices via fax or email to:
Kathryn Kenard
(803) 777-0581
kenard@cop.sc.edu

Payee Name: _____
 Preceptor Name: _____
 Mailing Address: _____

 Telephone Number: _____
 Email Address: _____

Name of P4 Student (s)	Month and Year of Rotation

Stipends will only be processed after all final evaluations have been submitted and rotation hours validated.
Stipends will only be issued for rotations that occurred within the past 12 months

Total amount (# of students x \$250.00) \$ _____

** I elect to waive payment to support the Palmetto Experiential Education Partnership: Yes No

OR

Make check payable to: _____

Tax ID / SSN: _____

(First time payees must attach completed W-9 form when submitting invoice)

Preceptor's Signature: _____ Date: _____

* Not applicable for all Advance Pharmacy Practice Experience (APPE) Preceptors. Contact the Experiential Education Office for further clarification.

** This does not qualify as a tax-deductible contribution to USC COP. If you would like to make a tax-deductible gift, contact USC COP Director of Development at (803) 777-5426.

Thank you for your interest in the Palmetto Experiential Education Program and the Pharmacy profession.