

Palmetto Experiential Education Partnership (PEEP)



Pharmacy Practice Experiences for South Carolina's  
Colleges of Pharmacy

**MUSC COP / USC COP USE ONLY**

Invoice No. \_\_\_\_\_

Date: \_\_\_\_\_

Payment: \_\_\_\_\_

Director Approval: \_\_\_\_\_

**INVOICE FOR  
ADVANCED PHARMACY PRACTICE EXPERIENCE \***

**MUSC Campus**  
280 Calhoun Street—MSC 140  
Charleston, SC 29425  
(843) 792-6427 Office  
(843) 792-9077 Fax

**USC Campus**  
715 Sumter Street—CLS 518  
Columbia, SC 29208  
(803) 777-0490 Office  
(803) 777-0581 Fax

*Please Print or Type*

Payee Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of P4 Student (s)	Month and Year of Rotation	MUSC COP or USC COP (only list students from one COP campus per invoice)

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 MUSC COP or USC COP. If you would like to make a tax-deductible gift, contact MUSC COP Director of Development at (843) 792-4980 or the USC COP Director of Development at (803) 777-5426.

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