



USC CAMPUS USE ONLY

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**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
 kenard@sccp.sc.edu

Please Print or Type

Preceptor Name: _____
 Mailing Address: _____

 Telephone Number: _____
 Email Address: _____

| Name of P4 Student (s) | Month and Year of Rotation | Campus |
|------------------------|----------------------------|--------|
| | | |
| | | |
| | | |
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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 South Carolina College of Pharmacy: ___ 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 SCCP. If you would like to make a tax-deductible gift to the South Carolina College of Pharmacy, please contact the Director of Development from the MUSC Campus at (843) 792-9077 or the USC Campus at (803) 777-5426. Thank you for your interest in the South Carolina College of Pharmacy and the pharmacy profession.