

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) 792-0124 Office
(843) 792-9077 Fax
cop-experiential@musc.edu

USC Campus
715 Sumter Street—CLS 501
Columbia, SC 29208
(803) 777-0490 Office
(803) 777-0581 Fax
kenard@cop.sc.edu

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.