

## SURGEON VISITATION EXPENSE VOUCHER

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Name of Biomet Distributor \_\_\_\_\_

				<b>TOTAL</b>
Airfare				
Hotel				
<b>TOTAL</b>				

- **Voucher should be submitted within 30 days following the event**
- **Expenses must be itemized with original receipts accompanying this voucher.**
- **Airfare must be coach-class ticket issued in your name purchased at least 14 days prior to the event. Airfare reimbursement will be actual cost of the ticket with a cap of \$1,000. Change fees will not be reimbursed.**
- **Applicable hotel nights will be reimbursed if you stay in a standard room at the Biomet-designated hotel within the Biomet room block**
- **Biomet will not reimburse for incidentals.**
- **W-9 forms are required for all reimbursements.**

Return Voucher to:
 
 Biomet, Inc.  
 Compliance Department  
 ATTN: Randy Hedington  
 56 East Bell Drive  
 Warsaw, IN 46582  
 Fax: (574) 372-1904