

Surgeon Visitation

City and State of Visit: _____

Date of Visit: _____

Expense Voucher

(U.S. Surgeons Only)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact #: _____ Email: _____

Medical License No: _____ State of Issuance: _____

Name of Doctor Visited: _____

	Date:	Date:	Date:	Total
Airfare, Mileage, or Rail				
Ground Transportation				
Hotel Accommodations				
Daily Total				

I, _____ certify that I attended the (Course Name Here) on the date indicated and this certification reflects actual expenses I incurred. I further certify I have not requested nor received reimbursement (and will not request reimbursement) from any other institution and that I have complied with all the terms and conditions listed below:

- ❖ Expenses must be itemized, with original receipts accompanying this voucher.
- ❖ Airfare must be a coach-class ticket issued in your name purchased at least 14 days prior to the meeting. Airfare reimbursement will be the actual cost of the ticket, with a reimbursement cap of \$1,500.00. Change fees, insurance purchases, in-flight meals etc. will not be reimbursed.
- ❖ Any mass transit i.e. Amtrak or other non-air related transportation must also be coach/economy class.
- ❖ Only one of these expenses, airfare, rail, mileage reimbursement, or automobile gasoline receipts may be claimed.
- ❖ Reasonable and modest rental car or taxi receipts will be reimbursed. (Limos will not be reimbursed)
- ❖ Applicable hotel nights will be reimbursed provided you stay in a standard room at the Biomet-designated hotel within the Biomet room block. Please note, room expense may not be approved for reimbursement if you choose to stay elsewhere. (Incidentals such as: In room movies, internet, snack and beverage bar, etc. will not be reimbursed.
- ❖ Biomet will not reimburse for incidental expenses including but not limited to: meals, personal expenses, etc.
- ❖ A complete and signed W-9 is required for reimbursement.

Course Attendee

Date

Return Voucher to:

**Biomet, Inc
Compliance Department
ATTN: Ken Lahvic
56 East Bell Drive
Warsaw, IN 46582
Fax: (574) 371-1095
Email: ken.lahvic@biomet.com**