

Expense Reimbursement Request Form
Submit Completed Form Within 60 Days of Incurring Expenses
AMS requires original itemized receipts for all expenses with the exception of mileage, tolls and tips

AMS adheres to our Compliance Policies and Procedures relating to interactions with Health Care Professionals, the AdvaMed Code of Ethics, IRS regulations, and other relevant guidelines regarding reimbursement for expenses. Please enter all allowable expenses in the spaces provided below (Guidelines are attached). In addition, please note that IRS regulations state that credit card statements are not accepted as sufficient documentation of expenses.

Requester Name (Please Print Legibly)			
Event Name:			
Event Location: (City, State):		Event Date:	

Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
GROUND TRANSPORTATION (i.e. taxis, commuter bus, shuttle)							
PARKING (i.e. hotel/event parking, airport)							
NON-AMS PROVIDED MEALS							
AIRFARE							
LODGING							
MILEAGE @ \$0.555 per mile: _____ miles x .555 =							
TIPS OR TOLLS							
Daily Totals:							
Reimbursement Total:							

AMS reserves the right to deny reimbursement, in full or in part, based upon the information you submitted on this Expense Reimbursement Request Form (together with any attachments), your adherence to AMS Compliance Policies regarding interactions with Health Care Professionals, the AdvaMed Code of Ethics, IRS regulations, applicable state and federal laws, and other relevant guidelines and regulations.

I understand and agree that all expenses submitted are subject to review and approval by AMS, and that AMS reserves the right to deny reimbursement, in full or in part, based upon what AMS has determined to be reasonable, modest, and occasional and in compliance with AMS Compliance Policies regarding interactions with Health Care Professionals, the AdvaMed Code of Ethics, IRS regulations, applicable state and federal laws, and other relevant guidelines and regulations.

Requester Signature:	Date:
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Please mail or fax this form with original receipts to:
American Medical Systems
Attn: _____
10700 Bren Road W, Minnetonka, MN 55343
Fax: _____-_____-_____

GUIDELINES FOR HCP EXPENSE REIMBURSEMENT

Lodging	<p>Call the AMS Travel Desk at least 10 days in advance to make reservations through AMS. Reservations will be made for you by AMS at AMS' contracted hotel. If permissible, AMS will prepay the room rate and applicable tax only. If prepayment is not provided, the hotel room rate and applicable tax will be charged to your credit card. Please note that AMS will not reimburse for any room upgrades and/or other hotel accommodations.</p> <p style="text-align: right;">Original Receipts Required</p>
Modest and Occasional Business Meals	<p>AMS may pay for, or reimburse documented expenses for modest and occasional meals for HCPs who have a bona fide business purpose for attending a meal event. For most US Cities the following meal limits apply: Breakfast: \$30; Lunch \$50; Pre-Dinner Gathering \$50; Dinner \$125 AMS has established the following meal limits in the high cost cities of Anchorage, Boston, Chicago, Dallas, Honolulu, Los Angeles, Las Vegas, Miami, New York City, Philadelphia, San Diego, San Francisco, Seattle, and Washington, D.C.: Breakfast: \$45; Lunch \$65; Pre-Dinner Gathering \$50; Dinner \$150</p> <p style="text-align: right;">Original Receipts Required</p>
Air Travel	<p>All travel arrangements are to be made at least 10 days in advance through the AMS Travel Desk. AMS will pay/reimburse airfare at the lowest logical coach price</p> <p>Note: Travelers may upgrade to business or first class using their own frequent flyer miles only; the travel desk may assist you. Some airlines will not allow anyone other than the traveler to upgrade using miles, in which case the traveler will need to contact the airline directly.</p> <p style="text-align: right;">Original Receipts Required</p>
Ground Transportation	<p>Ground transportation between HCP's home, airport and meeting location; Shuttle, taxi or commuter bus</p> <p style="text-align: right;">Original Receipts Required</p>
Parking	<p>Includes hotel/event parking, airport parking for personal car</p> <p style="text-align: right;">Original Receipts Required</p>
Incidental Expenses	<p>AMS will only reimburse reasonable incidental expenses not associated with meals for: tips for sky caps, bellmen, etc., tolls, snacks and non-alcoholic drinks</p> <p>Examples of incidental expenses that will not be reimbursed include: hotel and airline movies; recreational activities, entertainment, health clubs, and reading material not directly related to AMS business</p> <p style="text-align: right;">Original Receipts Required, with possible exception of Tips</p>
Mileage Reimbursement	<p>Ground transportation to/from the HCP's home and the airport and/or to the meeting location or AMS arranged event location. Reimbursement is for use of HCP's personal car in lieu of traveling by commercial airline and will be limited to the lower of the IRS current per mile reimbursement rate at the time of submission of reimbursement request, or the applicable lowest logical coach airfare.</p>
Guest - Spouse, Relative, Friend	<p><u>AMS will not reimburse any expenses for an accompanying spouse, relative or friend</u>, who do not have a bona fide professional interest and business purpose, directly or indirectly, associated with the AMS sponsored event.</p>
Reporting	<p>Some states and countries do not allow - or - may restrict reimbursement for travel, lodging, meals or other expenses, you are responsible for adhering to applicable laws and guidelines.</p> <p>Federal Reporting: All expenses paid for or reimbursed by AMS for an HCP will be tracked and reported pursuant to the requirements of the Federal Physician's Sunshine Act, effective January 1, 2012</p>



Substitute Form W-9

AMS requires that a record be kept of any individual or business that receives a payment from us, whether for services rendered, goods provided or any other circumstance for which monies would be paid. AMS uses the following Substitute W-9 form to create a vendor record for an individual or business. This form also meets the requirements of the IRS Form W-9, Request for Taxpayer Identification Number. An employer identification number, or EIN, is also known as a taxpayer identification number, or TIN.

Disclosure and Privacy Act Notice

AMS is requesting your Taxpayer Identification Number (TIN) to satisfy the requirements of Federal and State law. Section 6109 of the Internal Revenue Code requires that you provide your correct TIN to be used on information returns (Forms 1099) filed with the Internal Revenue Service. Your US Taxpayer Identification Number (TIN) must be provided regardless of your tax status in order for payment to be issued. AMS is required to withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not provide a TIN. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment. Failure to provide your TIN could result in backup withholding and penalties. Any penalties assessed against AMS for failure to provide your correct TIN or SSN to federal and state authorities will be passed along to you. If individual payment requests reach and exceed \$600.00, AMS is required to report the amount to the IRS on a 1099 Miscellaneous Income Form. AMS will not disclose your TIN or SSN to anyone outside the company except as mandated by law.

Please print or type:

If check should be payable to an individual, leave business name blank and provide your home address:

Legal Name (as shown on income tax return):	Business name (if different from Legal Name):
Check appropriate box: <input type="checkbox"/> Individual (not an actual business) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor (individually owned business) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	Social Security Number (Individual or Sole Proprietor) _____ - ____ - _____ Employer Identification Number (Business) ____ - _____
National Provider Identifier (NPI):	
Address (number, street, and apt. or suite no.)	City, State, and ZIP Code

Certification: Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding,
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to backup withholding and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.) **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature:	Date:
Print your name:	