Regeneron Pharmaceuticals I reland Non-Employee Expense Reimbursement Form ALL PAYMENTS ARE ISSUED IN EUROS ONLY

Please reference user guide for further information

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If you have receipts for a currency other than Euro please attach a screenshot of the currency exchange rate on the date the expense incurred, when returning this form Please ensure that all receipts are clearly legible when scanned into a PDF document and they correspond correctly to the description on this expenses sheet

НСР (Health Care Professional)	Yes or	No									
Board of Director		Candidate			Clinica	I Advisory Board				Commercial Advisory E	Board	
Honorarium/Guest S	peaker	Investigator Mee	ting		Other	(Please provide descip	tion)					
Dates	Des	scription		lect your gine Size	M ileag	e Air/Rail Trav	el Hotel	Rental axi	/T Personal Meals	Other (Parking, tolls, etc.)		
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Up to 1,200cc	0.3912 0.2122		115			0.00	.00		.00			
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1,501cc and over	0.5907 0.2846											
Payee Signature:		•										
Social S	Security Number (If applicable): Required for US candidates									Total Expenses Due:	:	0.00
Mailing Address:										Total Air/Ra	ail	0.00
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										Total Rental/ Total Meals		0.00 0.00
Email Address:										Total Othe		0.00
Internal Use Only										Total Othe		0.00
Requestor's Name:									<u></u>		-	
Authorized Signature:			Date	2:								
Cost Center		Project Code	Loca	ation								
An HCP is defined as a	ny health care provider, person or en	tity that can: Purchase, Prescribe, Rec	ommend, <u>Refer</u> requi	and/or <u>Ari</u> red to inclu	range for the Ide and list th	purchase, sale, or for e HCP office staff as a	mulary placem an "HCP".	ent. In ado	dition to these o	examples, to satisfy statut	ory reportin	ng, requirements, Regeneron personel are