Regeneron UK Non-Employee Expense Reimbursement Form ALL PAYMENTS ARE ISSUED IN BRITISH POUNDS ONLY

If you have receipts for a currency other than Euro please provide a screenshot of the currency exchange rate on the date the expense incurred

Please ensure that all receipts are clearly legible when scanned into a PDF document and they correspond corectly to the description on this expenses sheet

HCP (Health Care Professional)	Yes No	
	Candidate	Other (Please Provide Description)
	Honorarium/Guest Speaker	Investigator Meeting

Dates			Descriptio	on					Mileage	Air/Rail Tra	vel Ho	tel	Car Rental/Taxi Service	Personal Meals	Other (Parking, tolls, etc.)
								Miles	Amount						
							Miles>10000		£-						
							Miles<10000		£-						
					То	tals in Pounds			£ -	£	- £	-	£ -	£ -	£ -
	Rate 1 (1 to 10000)	Rate 2 (Over 10000)													
	0.45	0.25													
Beneficiary:															
Socia	al Security Number Not required for Ca												Total Exper	nses Due:	£ -
Mailing Address:													Tota	Air/Rail	0.00
												_	Total	Mileage	0.00
												_	Tota	al Hotel	0.00
	*0													Rental/Taxi	0.00
	Banking ins	structions must	be submitted	as a separate	attachment									al Meals	0.00
Email Address:													Tota	al Other	0.00
Requestor's Name:										1					
Authorized Signature:				Project Co	do					J					
Cost Center	I		an Durchase Durch	Project Co		ana ƙasa Ala a	ahaan aalu	£		In addition to	44		4		
An HCP is defined as any he	ann care provider,	, person or entity that (neron personel are r						in addition to	unese exan	ipies,	to satisfy statuto	ry reporting,	requirements,