

# Regeneron Pharmaceuticals Candidate Expense Reimbursement Form

HCP (Health Care Professional)

Yes or No

Candidate - is their first time interviewing at Regeneron?

Yes or No

Other -----> (Please provide description) \_\_\_\_\_

Dates	Description	Ticket Cost (Public Transportation)		Mileage		Hotel	Car Rental/Taxi Service	Personal Meals	Other (Parking, tolls, etc..)
				Miles	Amount				
<b>Totals</b>									

Check Payable to:

Mailing Address:

Phone Number:  Required      Email:  Required

**ACH Payment (preferred)**

**Mail Check**

Banking information must be attached to receive payment by ACH (direct deposit)

<b>Total Expenses Due:</b>	
Total Ticket Cost	
Total Mileage	
Total Hotel	
Total Rental/Taxi	
Total Meals	
Total Other	

\*\*\*\*\*For HR Use Only\*\*\*\*\*

Requestor's Name:   
 Authorized Signature:   
 HR Coordinator's Name:   
 Date:

Cost Center

Project Code

\*\*\*Invoice Number

An HCP is defined as any health care provider, person or entity that can: Purchase, Prescribe, Recommend, Refer and/or Arrange for the purchase, sale, or formulary placement. In addition to these examples, to satisfy statutory reporting, requirements, Regeneron personnel are required to include and list the HCP office staff as an "HCP".