



Instructions for Completing the U.S. Health Care Professional Expense Reimbursement Form

1. The expense form has two sections:
 - a. The upper section is for U.S. \$ expenses (Currency 1).
 - b. The second section is for expenses you may incur if you are asked to travel to a location outside the U.S. (e.g. Europe – Currency €Euros). If you have expenses in currencies other than U.S. \$, please specify the currency in this second expense section.
2. If you use your personal vehicle to travel to an Exactech requested event, please input the miles you have travelled, by day. The form will calculate the reimbursement at the current U.S. IRS mileage reimbursement rate.
3. The upper right of the form highlights the documents that need to be attached to the form to allow Exactech to reimburse expenses:
 - a. Itemized Receipts for meals and other expenditures – ***we cannot reimburse based on a credit card summary charge receipt or a credit card statement.***
 - b. Airline issued travel itineraries – if you have paid for your travel.
 - c. Hotel Folios – please attached the hotel provided detailed folio.
 - d. Gratuities/Tips – Please use the following guidelines when providing a gratuity for a meal, when asking Exactech to reimburse you:
 - Food – 15%
 - Alcohol – 10%
 - e. *Please do not tip a flat rate on the total amount of the meal after tax*
4. Please sign the form before submitting.
5. Print the address where you would like the expense reimbursement check mailed to.
6. Submission options:
 - a. Mail to: Exactech, Attention: Compliance Office, 2320 NW 66th Ct, Gainesville FL 32653
 - b. Fax to 352-377-4653
 - c. or Email to hcp.consulting@exac.com