



Volcano Training Course Reimbursement Form 2009

Instructions:

Please print clearly and complete all information. Any incomplete fields will cause a delay in processing your reimbursement. All original receipts must be attached to this report. Please remember to keep a copy for your records. Please return in the attached envelope to Volcano Corporation Attn: April Wallace, Volcano Corporation, 2870 Kilgore Road, Rancho Cordova, CA 95670.

Name of Attendee: _____

Travel Dates: _____

Course Location: _____

Please summarize and add up all costs incurred for reimbursement.

Date	Expense Type	Vendor	Mileage (a)	Cost per mile	Total
	Airline		-		
	Mileage (a)			\$0.45	

(a) Mileage is covered only for those attendees that drive to/from the training course at the rate of \$0.45/mile. Mileage to/from the airport is not reimbursable.

Volcano will reimburse the following expenses;

1. Airfare
2. Hotel for the approved duration of the course (this is master billed to Volcano)
3. Airport transfers (taxis, van services, not limousines)
4. Auto mileage (if driving directly to the training location)

Volcano will NOT reimburse the following expenses;

1. Canceled flights
2. Extra Hotel Night stays
3. Long distance phone calls / movies from the hotel room
4. Spas or health club fees
5. Meals outside of the provided breakfast, lunch and dinner as part of the training program
6. Limousine service

Total to be reimbursed \$ _____

Please indicate what address the check should be mailed to:

Name _____

Address _____

Apt. _____

City _____ State _____ Zip code _____

I, as requestor, certify the following:

- a. The attached expenses submitted for reimbursement are accurate and are directly related to the training course indicated above;
- b. Reimbursement of these expenses does not violate any hospital or CMS policies or any other governing laws or guidelines;
- c. This reimbursement is not associated with the purchase of any goods or services from Volcano by the hospital with which I am affiliated.

Signature, Date

Once this information arrives at Volcano, you can expect payment in approximately 14 business days.

Thank you,
The Training Department



For Volcano use only:

Account/Cost Center	Amount	Approved by:	Date
411-6142	\$		
411-6134	\$		
411-6139	\$		
411-6138	\$		

April Wallace

807453-001/003

Volcano Original Receipts

(Please tape each original receipt to this page and submit for reimbursement)

