



1601 West River Road North Minneapolis, MN 55411

HCP Name:

Tax ID/SSN:

Address:

Invoice Date:

The following are examples/reminders for completion of this invoice. **Please note that to be considered consulting and to receive payment for services, all work must be done at the advance request of Coloplast.**

CATEGORY	DESCRIPTION	TOPIC/NATURE OF CONSULTING SERVICE(S)	CONTRACT HOURLY or FLAT RATE
Examples: Prep Time Event/Service Time Follow-Up Time Travel Time HCP:HCP Emails HCP:HCP Phone Calls HCP: Coloplast Emails HCP: Coloplast Phone Calls	Examples: Virtual meeting for Saffron Advisory Board Case Observation training at my facility-training Dr <Trainee Name>. Surgical Skills Workshop at <location>. Telephone conversation with Coloplast, providing feedback on <topic>.	Examples: Titan surgical technique, double loop stents for kidney stones, etc.	Note: Travel time is billed at 50% of your contracted hourly rate.

SERVICE TIME

CATEGORY	DESCRIPTION	TOPIC/NATURE OF CONSULTING SERVICE(S)	DATE(S) SERVICE(S) PROVIDED	# of HOURS <i>Rounded to the nearest .25 hour</i>	CONTRACT HOURLY or FLAT RATE

For email/phone call services, name of the Coloplast employee who engaged you:

REIMBURSEMENTS

CATEGORY	PROVIDER	DATE(S) EXPENSE(S) INCURRED	AMOUNT OF EXPENSE
Examples: Hotel, Meal, Ground Transportation, Mileage, etc.	Examples: Uber, Graze Restaurant, Marriott Hotel & Suites, Mileage from clinic to Coloplast office, etc.		

*Receipts for Expenses must accompany this invoice.

FOR INTERNAL USE ONLY

Creditors Coloplast Point of Contact Name:

Creditors Coloplast Point of Contact Email:

Company Number:

INVOICE TOTALS

Total SERVICES	\$
Total EXPENSES	\$
TOTAL INVOICE	\$

COLOPLAST HCP FACULTY & CONSULTANT EXPENSE GUIDELINES

Coloplast will reimburse you for travel costs incurred by you while conducting work on behalf of Coloplast and pursuant to a fully executed, written consulting agreement between Consultant & Coloplast. **You are required to provide itemized receipts for ALL expenses submitted for reimbursement along with the itemized reimbursement form.** This document contains what expenses are permitted and what expenses are prohibited.

Permitted Expenses:

Airfare: ALL airfare must be booked by a Coloplast representative. In limited circumstances and when pre-authorized by a Coloplast representative, Coloplast will reimburse for airfare arranged by you, provided however, it must follow the guidelines set forth below:

- Air travel must be on commercial airlines.
- Air travel must be booked at the lowest logical airfare subject to business purpose, security, safety, and time effectiveness for you.
- Air travel should be booked at least two weeks in advance, when possible. Domestic air travel must be booked at coach/economy levels for all flights less than 5 (five) hours of flight time.
- Business class is permitted in the following instances, if approved in advanced by a Coloplast Representative:
 - International travel.
 - Domestic travel that exceeds five (5) hours of flight time.

Coloplast will reimburse you for one (1) checked bag. In the event you will need reimbursement for a second checked bag, you must obtain pre-authorization from a Coloplast representative.

Car Transportation and Mileage: Coloplast will reimburse you for reasonable ground transportation to and from home, airports, and the hotel, including taxi, Uber (or other transportation services) and/or personal car mileage at the currently approved IRS rate per mile.

Hotel: ALL hotel accommodations must be booked by a Coloplast representative. In limited circumstances and when pre-authorized by a Coloplast representative, Coloplast will reimburse hotel accommodations arranged by you, provided however, they must follow the guidelines set forth below:

- Accommodations must be booked at a single occupancy room rate of a modest (mid-range) hotel selected and/or approved by a Coloplast representative in advance.
- You must stay at the hotel hosting such event.
- **Any extended personal stay reservations must be booked and paid by you directly with the hotel.**

Meals: Meal expenses incurred by you will be reimbursed at the limits set forth below and are, inclusive of tax and tip:

Meal Type	Limit
Breakfast	\$50 (USD/CAD)
Lunch	\$50 (USD/CAD)
Dinner	\$80 (USD/CAD)

Note: Coloplast will reimburse up to one (1) alcoholic beverage in connection with a meal.

You must provide an itemized receipt of all items ordered for reimbursement. **A credit card signature slip or credit card statement is not sufficient.**

Prohibited Expenses:

- **First Class airfare or upgrades to business class, preferred seating, or airline clubs.**
- **Private jets or charters.**
- **Travel insurance.**
- **More than one (1) checked bag.**
- **Car rentals, unless it has been pre-authorized by a Coloplast representative and due to extenuating circumstances.**
- **Valet Parking.**
- **Limousine or other luxury car service.**
- **Personal extended stay reservations.**
- **Personal meal if a group meal was planned by a Coloplast representative as part of the formal event and available to you.**
- **Meals, travel, or other expenses for guests of HCPs.**
- **More than one (1) alcoholic beverage in connection with a meal**
- **Meal tips more than 20%.**
- **Movies, entertainment or sporting events, laundry, or childcare.**
- **Internet fees.**
- **Personal hygiene items.**
- **Prescription and/or over the counter medications.**