

**PURDUE ASSOCIATED COMPANIES HCP INVOICE/EXPENSE REIMBURSEMENT FORM**

To receive reimbursement, this form must be submitted no later than 15 days following the end of the month in which expenses were incurred.

**PAYABLE TO (INCLUDE MAILING ADDRESS)**

Invoice Date:  Invoice #:

Full Name (including first, middle, last, suffix):

Address:

City/State:

Zip Code:  Phone:

State License # or NPI #:  State of Licensure:

Purdue Contact Name:

Purchase Order Number:

**Detailed Description of Service(s):**

**Date(s) of Service:**

**Meeting Location (city and state that the meeting/services took place):**

**SERVICE FEE (Consulting Fee, Honoraria, etc.)** \$

**OUT OF POCKET EXPENSES (This does not include expenses already paid for by Purdue; Receipts Must Be Included)**

Meals (GL Code 608691) \$

Lodging (GL Code 608692) \$   
(Includes: Room and Tax, Excludes Meals)

Transportation (GL Code 608693) \$   
(Includes: Shuttle, Car and Taxi Service, Parking, Tolls, and Mileage at the standard IRS rate)

Other Expense (GL Code 608694) \$

Please provide a detailed description of your Other Expense in the area above.

**Total Out of Pocket Expenses** \$

**TOTAL REIMBURSEMENT REQUEST** \$

*Submission of this form to Purdue signifies HCP's agreement that the amounts are true and accurate and will be reported by Purdue consistent with State and Federal Laws, including but not limited to the Federal Physician Payment Sunshine Act.*

Please email this form (with Receipts) to:  
[invoices@txpsvcs.com](mailto:invoices@txpsvcs.com)