



Please complete the table below and email with itemized receipts/invoices to [medicalaffairs@irhythmttech.com](mailto:medicalaffairs@irhythmttech.com)

Description:	Enter Information & Associated Spend Amounts (\$)
HCP Full Name	
Date of Service(s)	
Location of Service(s)	
Description of Service(s) Performed	
Prep Hours	
Service Hours	
<b>Ground Transportation:</b>	
Business/First Class Rail travel	
Taxis, Uber or Lyft	
Parking for meeting venue and airport	
Personal car mileage	
Tolls and ferry fees	
<b>Air Transportation:</b>	
Coach class airfare (Business/First class flights at least 5.5 hours long)	
One (1) checked baggage and one (1) carry-on baggage charge	
Charges for equipment bags required to deliver consulting services	
Inflight wireless service	
<b>Hotel:</b>	
Room and taxes	
Internet access	
Business center charges (e.g., printing, faxing costs)	
Valet parking charges	
<b>Travel Meals:</b>	
Breakfast	
Lunch	
Dinner	
Snacks	
<b>International Travel:</b>	
International transaction fees	
Expedited filing fees due to scheduling constraints	
Visa fees required for travel	

\* See attached Reimbursement Guidelines \*