

	INDEPENDENT CONTRACTOR TRAVEL POLICY	Revised: July 2021
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EXHIBIT A

Contractor Reimbursement Expense Report

Contractor Name: _____

Agreement/SOW/Project Name: _____

Agreement/SOW/Project Effective Date: _____

LabCorp Project Manager under SOW or the designated LabCorp Management Personnel Approving this Expense Report: _____

Date	Purpose of Expense	Description of Expense	Air & Transportation	Lodging	Fuel/Mileage	Food and Meals	Other Expenses	Subtotal

Total: _____

Contractor Signature: _____

Date: _____

ORIGINAL RECEIPTS ARE REQUIRED AND MUST BE SCANNED AND ELECTRONICALLY SUBMITTED WITH THIS REIMBURSEMENT EXPENSE REPORT IN ORDER TO ENSURE REIMBURSEMENT FOR ALL APPROVED EXPENSE ITEMS. COPIES OF ALL ITINERARIES, TRAVEL APPROVAL DOCUMENTS AND WRITTEN EXCEPTIONS TO THE POLICIES MUST BE SUBMITTED WITH THE RECEIPTS. IT IS CONTRACTOR'S RESPONSIBILITY TO MAKE SURE THAT ALL RECEIPTS ARE LEGIBLE.

For LabCorp internal use only:

Approved By: _____

Authorizer Signature: _____

Date: _____