



C Confidential

Merck Sharp & Dohme Corp.
2000 GALLOPING HILL RD
KENILWORTH NJ 07033-1310

Page: 1 / 5

Date: Jun 16, 2015



Senthil Murugan

57509295-0001791187-US

INSTRUCTIONS FOR SUBMITTING RECEIPTS

If receipts are required, email this coversheet and scanned copies of required receipts (see receipt table on next page) to expense_receipts@merck.com in a single PDF file. For **help** scanning at one.merck.com. If receipts are NOT required, it is not necessary to email the coversheet.

Additional Step Required for Non-US Expenses

Mail this coversheet and ALL original receipts to either of the below addresses.

Interoffice mail address:

PtP Service Center – EEM
Mail Code: GSA-PtP

Postal Mail Address:

Merck Service Center - EEM
8050 Microsoft Way, Suite 3
Charlotte, NC 28273

Tips to Expedite Processing

- Ensure compliance with the following tax requirements:
 - Hotel bills must be itemized for meals and personal expenses
 - Non Monetary Employee Awards processed through expense reporting may not exceed \$200 value
- Submit all documents in ONE pdf file.
- Always submit receipts for Cash Withdrawal from Credit Card and Hotel-Lodging
- If submitting a personal expense for partial reimbursement (such as home telephone charges), completely cross out the non reimbursable expenses on the supporting documentation.

You must retain a copy of ALL expense report receipts for a period of current year plus one year as required by Merck Policy 61.





www.candlewoodsuites.com

Candlewood Suites, Austin Northwest

9701 STONELAKE BLVD.
Austin TX 78759
United States

06-12-15

Senthil Murugan	Folio No.	:	Room No.	:	221
	A/R Number	:	Arrival	:	06-08-15
	Group Code	:	Departure	:	06-12-15
	Company	:	Conf. No.	:	66743881
	Membership No.	:	Rate Code	:	IGN11
	Invoice No.	:	Page No.	:	1 of 1

Date	Description	Charges	Credits
06-08-15	Room Charge	107.73	
06-08-15	City Occupancy Tax	7.54	
06-08-15	Other Occupancy Tax	2.15	
06-08-15	State Occupancy Tax	6.46	
06-09-15	Room Charge	129.11	
06-09-15	City Occupancy Tax	9.04	
06-09-15	Other Occupancy Tax	2.58	
06-09-15	State Occupancy Tax	7.75	
06-10-15	Room Charge	129.96	
06-10-15	City Occupancy Tax	9.10	
06-10-15	Other Occupancy Tax	2.60	
06-10-15	State Occupancy Tax	7.80	
06-11-15	Room Charge	131.67	
06-11-15	City Occupancy Tax	9.22	
06-11-15	Other Occupancy Tax	2.63	
06-11-15	State Occupancy Tax	7.90	
06-12-15	American Express XXXXXXXXXXXX1004		573.24
Total		573.24	573.24
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.