


C Confidential

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USA

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Senthil Murugan**57509295-0000865177-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 and submitting receipts please visit "my support center" 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.

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HOTEL KABUKI

A FINE ARTS HOTEL

Senthil Murugan
110 Gaw
Chalfont PA 18914
United States

Membership #

Company Name IE Group Ltd

Room No.: 2303
Arrival: 04-24-12
Departure: 04-26-12
Page No.: 1 of 1
Folio no.
Conf #: 4263730
Cashier: 102
Booking #:

Date	Description	Charges	Credits
04-24-12	Room Charge	135.00	
04-24-12	Occupancy Tax	18.90	
04-24-12	Tourism District Assessment	1.35	
04-24-12	CA Tourism Assessment	0.09	
04-25-12	Room Charge	135.00	
04-25-12	Occupancy Tax	18.90	
04-25-12	Tourism District Assessment	1.35	
04-25-12	CA Tourism Assessment	0.09	
04-26-12	American Express		310.68
Total		310.68	310.68
Balance			0.00

Account Payable on Presentation or Departure

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 association fails to pay for any of the full amount of these charges, I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made at time of departure.

Signature: _____

1625 Post Street San Francisco, CA 94115
Phone: 415-922-3200 Fax: 415-614-5498