



Name of the Meeting or Event			
Southeastern Rheumatology Fellows Symposium			
City	Tampa	State	Florida
Event Date	Sept 10-14, 2025	Grand Hyatt	

Thank you for participating in SERFS. Full instructions on how to submit additional expenses you may have incurred are included here. Please send the completed form and a current year W9 form to Gail Alexiou, gail@goserfs.com.

- All expenses are **subject to review and approval**.
- Your information is only used **to confirm the identity** of the individual being reimbursed.
- All expenses must be submitted for review **no later than 10 business days** after the meeting has occurred.

Payee Name*			
Address: (mail check to, if paper check is requested)			
Name*			
Address*			
City*			
State*		Zip*	

"I request reimbursement for the below noted expenses incurred in connection with my responsibilities as a speaker/attendee for the program referenced above.

I attest that the expenses below are accurate, true, and associated with this particular event

Signature _____ Date _____

EXPENSES WITH RECEIPTS

Use the chart below to provide the expenses. Refer to expense guidelines for allowable expenses.							
Expense Date	Taxi	Parking	Tolls* (Speakers only)	Milage .70 cents/mile (Speakers only)	Meals** (itemized receipts required for ALL meals)	Other Expenses*** (details required)	Daily Totals
TOTALS							

EXPENSES WITHOUT RECEIPTS

Date	Vendor Name	Expense Amount	Explanation of Expense (i.e. lunch- salad, soda, cookies)	Explanation for no receipt or missing itemized receipt (i.e. lost, etc.)
TOTAL				

* Toll expenses require a receipt or a statement from an electronic toll-collection system. If a toll receipt is not available, complete the missing receipt section on the next page and provide the roads travelled to the event.

** Out of pocket travel meal costs, while traveling for SERFS must not exceed \$35 for breakfast, \$35 for lunch and \$75 for dinner (inclusive of food, beverage, tax, and gratuity).

- Expenses submitted which exceed the limits above will only be reimbursed to the amounts stated above.
- Meals provided during the event are not reimbursable.
- Expenses submitted for any meal or travel expense incurred by someone traveling with the HCP (e.g., group, family, or spouse) will not be reimbursed. The attendee's own meal expense on the receipt will be reimbursed, up to the amounts stated above.

INSTRUCTIONS FOR COMPLETING THE FORM

- Retain and **provide all detailed, itemized receipts for expenses incurred** as a result of your participation in the meeting.
- **Email this form and all receipts** to the address below for reimbursement.
- **An itemized restaurant receipt must be included** with the reimbursement form to support meal charges. Credit card authorization receipts alone are not acceptable forms of documentation.
- Do not convert amounts on this form from the original currencies charged to you. **Please provide figures to match receipts in the same currency.**
- Incidental charges incurred by someone other than yourself cannot be reimbursed.
- If for any reason **your receipt is lost, stolen or otherwise not available**, please provide details and the explanation above. You will not be reimbursed until these details are provided.
- Please keep a copy of your completed expense reimbursement form and receipts for your records. All expenses **will be reported on a 1099 (US only)** at the end of each year.
- Please **allow 60 days** after review and approval to receive reimbursement payment.

INSTRUCTIONS FOR SUBMITTING FORM AND RECEIPTS (choose one):

Email the form, W9 form and scan all itemized receipts to the email address below: gail@goserfs.com.

FOR OFFICE USE ONLY: Total Approved USD: _____ Approved by/Date: _____

Please contact Gail Alexiou with any questions: gail@goserfs.com.

REIMBURSEMENT GUIDELINES

Please note, each HCP must submit reimbursement for ONLY his/her own expenses;
HCPs may not expense meals for other attendees.

SERFS requests that you submit all expense documentation within ten (10) days of the program. Failure to submit the supporting documentation for expenses incurred will delay reimbursement payment. **SERFS will not reimburse any expense submitted past ninety (90) days of the program.**

Air and Train Travel Planning / Airport Parking

- The standard for domestic airline travel is coach or economy class. First-class rates or fare classes leading to first-class upgrades are not reimbursable.
- Flight changes such as: class upgrades, confirmed standby, seat upgrades, flight change fees are not reimbursable.
- Extending a visit to a destination city for other business or personal reasons is only available when there is no impact on the lowest logical available fare for the required travel dates. SERFS will not reimburse HCP for any expense incurred during the extended visit.
- Any reservation change(s) made by the HCP that results in additional fees are personal expenses of the HCP.
- The standard for train travel is Business Class.
- Please note that airlines may charge for checked luggage. Reimbursement will apply for the first bag only on each leg of the journey. Any charges incurred for additional luggage check-in fees beyond the first checked bag are the responsibility of the HCP.
- HCPs are encouraged to utilize the most economical parking available whenever business needs require airport parking (e.g., daily rate vs. hourly parking). Valet parking is not reimbursable.

Ground Transportation

- Mileage at \$.70 per mile (maximum 750 miles or less round trip)
- Rental cars will not be reimbursed.
- Private car service booked on your own will not be reimbursed.

Travel Meal Guidelines

SERFS will reimburse the HCP for a reasonable travel meal, which may NOT include alcohol consumption. Actual travel meal expenses may not exceed the following limits:

- Breakfast \$35.00
- Lunch \$35.00
- Dinner \$75.00

Travel meal expenses exceeding the above caps will not be reimbursed. SERFS will only authorize payment of meals for the HCP and does not include colleagues, spouses, or other guests. In addition, SERFS will only authorize reimbursement of the HCP's travel meal(s) deemed reasonable for the itinerary booked. SERFS will not reimburse HCP for meals after the meeting's travel (includes home city). A detailed restaurant receipt showing items ordered must be included with the expense report to support reimbursement for any meal. Credit card authorization receipts alone are not an acceptable form of documentation.

NON-REIMBURSABLE EXPENSES - The items listed below are examples of non-reimbursable expenses that should not be included on a HCP's expense report. There may be additional non-reimbursable expenses that would be subject to SERFS review that are not included on the list, which would also not be permissible.

- Gift shop purchases (e.g., newspaper, toiletries, clothing, batteries)
- Recreation expenses (e.g., spa, golf, tennis, night clubs, drinks, theater tickets, or sporting events, etc.)
- Any meal or travel expense incurred by someone traveling with the HCP (e.g., group, family, or spouse)
- Any meal purchased during a group function
- Wireless internet at the airport/in flight if flight is less than 2 hours long
- Babysitting / Childcare
- Additional airport parking unrelated to HCP program (e.g., necessitated by unrelated travel)
- Valet parking at the airport
- Dry cleaning
- Movies in the room
- Phone calls from the hotel room
- Travel insurance
- Collision or any other type of insurance for car rentals or personal automobile
- Travel not directly related to the purpose of the HCP program
- Personal AV equipment
- Airplane, Train and hotel amenities (e.g., headsets and cocktails)
- Credit card Reward fees
- Cell phone equipment and accessories
- Club memberships
- Gifts
- Business center charges
- Gratuities beyond customary gratuities associated with related meals
- Mini-bar expenses
- Kennel fees and pet sitting charges
- Luggage (purchase and repairs)
- Personal credit card fees
- Personal grooming
- Personal items (reading materials, e.g., books, magazines and newspapers)
- Personal equipment (e.g., briefcases, coffee makers, office refrigerators, computer bags)
- Theft or accidental loss of personal property
- Traffic and parking tickets
- Notarization of documents for tax purposes
- Bank or wire transfer fees
- Passport fees
- Phone roaming charges during NPC travel

This list provides examples of non-reimbursable expenses. There may be other expenses that are not reimbursable. Please seek clarification in advance if you intend to seek reimbursement for any expenses not explicitly covered in this document.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do
 not send to the
 IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form* below

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I	Taxpayer Identification Number (TIN)																																																																													
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification (EIN). If you do not have a number, see How to get a TIN later. Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number to Give the Requester for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="11" style="text-align: center; padding: 5px;">Social security number</th> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="3"></td> </tr> <tr> <th colspan="11" style="text-align: center; padding: 5px;">Or</th> </tr> <tr> <th colspan="11" style="text-align: center; padding: 5px;">Employer Identification number</th> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>	Social security number																						-				-							Or											Employer Identification number																						-										
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Part II	Certification
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Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they