1. Lodging:
   - Reimbursement for MMS delegates is provided for up to two nights before or between sessions of the House of Delegates at the negotiated MMS group rate (specific to each meeting).
   - Requests for reimbursement for additional hotel nights for the House of Delegates meeting should be directed to the MMS Executive Office (extension 7007) prior to the meeting. The President or the President's designee may authorize additional hotel nights based upon travel time or extenuating circumstances involved in the delegate’s mobility.

2. Meals:
   - The Society provides meals to delegates as part of all business functions of the House. Meals outside of regular business sessions will not be reimbursed.

3. Transportation/Mileage:
   - Only residents and students are allowed reimbursement for mileage for attendance at House of Delegates meetings (at 0.535 cents/mile). Travel Reimbursement Guidelines for reimbursement must be followed [Resolution: 302, A-96 (C)]. Delegates who request reimbursement for mileage to MMS HOD meetings are required to submit requests to the President in advance. Requests will be considered on a case-by-case basis and the Society will take into account issues of hardship. The Society does not encourage, nor can it sustain, reimbursement for mileage for all delegates.

4. Parking:
   - The Society will reimburse delegates for self-parking at the MMS designated hotel during regular business sessions of the House and reference committee hearings. Delegates who stay overnight will be reimbursed for overnight self-parking for the approved nights before sessions of the House of Delegates.

5. Incidentally:
   - Incidental expenses are the responsibility of the delegate. These include, but are not limited to:
     - Phone calls
     - Laundry services
     - Mini-bar items
     - Fines for parking or moving violations
     - Personal expenses
     - Companion expenses
     - Movies, health club fees & other entertainment expenses
     - Room Service

     Lost or stolen personal property is the responsibility of the delegate.
   - The Society will reimburse for reasonable tips for help with luggage.

6. Process for obtaining reimbursement:
   - When in doubt of procedures or for specific approval, contact the President or Executive Vice President for clarification before committing to the expense. Only the President provides the authority for individual members to incur costs for reimbursement for official Society business.
   - Delegates requesting reimbursement, within the Guidelines listed above should submit their request within 30 days to: Ms. Linda Healy, Executive Office, 860 Winter Street; Waltham, MA 02451-1411. Please keep a copy of your expense report for your records.
   - Unresolved situations concerning reimbursement of expenses for delegates shall be referred to the President and Chair of the Finance Committee. Unresolved appeals will be referred to the Committee on Administration and Management of the Board of Trustees.
DELEGATE EXPENSE REPORT
2017 INTERIM MEETING

DIVISION: MMS
PROJECT NAME: Interim HOD Meeting (100/81000/000689)

NAME (please print): _________________________________________________

ADDRESS: _________________________________________________________

I AM A DELEGATE FOR (DISTRICT/SECTION): _____________________________

DATE: _______________________________________________________________

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<th>Accounting Unit</th>
<th>GL Acct. Code</th>
<th>Amount</th>
<th>Activity Number</th>
<th>Account Category</th>
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Amount Due to Delegate

*Society will reimburse for November 30, 2017 and/or December 1, 2017 at the group rate of $154 plus tax

I certify that I am a delegate and that the above expenses were incurred at the 2017 Interim Meeting.

Delegate Signature: (required)

Approved By:

Second Approval:

STAPLE ORIGINAL RECEIPTS TO EXPENSE REPORT AND RETURN COMPLETED FORMS TO:
Ms. Linda Healy, Executive Office
860 Winter Street; Waltham, MA 02451-1411
Fax: 781.464.4849
Requests for reimbursement should be submitted within 30 days.

ACCOUNTS PAYABLE ONLY

APPROVAL VERIFIED: ________________  DELEGATE VERIFIED: ________________
RECEIPTS VERIFIED: ________________
MATH VERIFIED: ________________
AUTHORIZATION VERIFIED: ________________

VOUCHER #: __________________
VENDOR #: __________________
ENTITY #: __________________