

EXPENSE REPORT 2008

On Assignment Nurse Travel



NAME: _____

DATE: _____

ADDRESS: _____

Assignment Location _____
Assignment Dates: ____/____/____ to ____/____/____

PHONE: _____

SS#: _____

******ORIGINAL RECEIPTS AND SIGNATURE REQUIRED-INCOMPLETE REPORTS WILL BE DENIED******

Note: Original Receipts cannot be returned due to Company Policy

Date	Description/Name	Total
1		\$
2		\$
3		\$
4		\$
5		\$

I certify that all information I have provided in this expense report is true and accurate. If mileage is being reimbursed, I further certify that I have a permanent tax home as defined by the IRS and the mileage amount submitted represent the actual miles I traveled to or from my permanent tax home or from a prior assignment.

Subtotal	\$
TOTAL	\$

SUBMITTED BY (EMPLOYEE): _____

SIGNATURE

DATE: _____

ON ASSIGNMENT MANAGEMENT: _____

DATE: _____



Note: The entire section below must be completed to receive mileage reimbursement



Start Location: street address, city, state and zip required	Dates of Travel <small>(Must be before and after contract dates)</small>	Beginning Odometer	
	From / /	Ending Odometer	
End Location: street address, city, state and zip required	To / /	Total Miles	
		Total Miles x 0.40	\$

Please Explain Business Purpose for Travel (Only travel to or from a permanent tax home or from another work assignment is eligible):

Original reports and receipts must be mailed to: Attention Dee Bailey @ On Assignment Nurse Travel, 9987 Carver Road, Suite 510, Blue Ash, OH 45242.

★ **Only Documents accepted by fax #1-877-546-7044 are:** Expense reports for mileage, the front and back of a cancelled check for licensure reimbursement, or a copy of a complete invoice/bill instead of a receipt.

★ **Please allow 2 weeks to receive any reimbursement. Only authorized expenses will be paid. These do not include meals, fuel, shipping fees, etc.**

Expense Report Rules & Regulations



- 1 Expense report form must be filled out legibly and include name, address and phone number.
- 2 Reimbursement can only be for business purposes directly related to work performed for On Assignment.
- 3 Proof of payment is required for all requests, except mileage, and mailed to:

Attention: Dee Bailey
9987 Carver Road, Suite 510
Blue Ash, OH 45242

4 Examples of Proof of Payment:

- a. Original receipt detailing total purchase
- b. Original money order receipt
- c. A copy of an on-line receipt
- d. A copy of the front and back of a cancelled check
- e. A copy of the money order with payee visible on front
- f.
 - A copy of a credit card statement with all of the personal information blacked out. This must detail all expenses on actual purchase, i.e. housewares explanation should include all items purchased to determine eligibility.
- g. A copy of a complete utility invoice/bill.

***The IRS requires** this information be provided in order to receive any amount of monies owed that was prearranged in your contract. Please keep in mind the IRS requires a complete itemized original receipt. When looking at the examples of proof of payment, please determine if your receipt has a complete itemized description. Reimbursements will be denied without proof of payment and signature.

- 5 Expense report form should be submitted in a timely manner, within a month of completion of a contract time period.

- 6 **Mileage Reimbursement** is defined as the actual mileage driven for one (1) roundtrip for the assignment or contract period. It is a requirement to include **dates of travel**, beginning and ending **odometer readings**, and the "to" and "from" destination. ***The IRS requires** this information be provided in order to receive any amount of mileage prearranged in your contract. Further, to qualify for mileage reimbursement, you must have a Permanent tax home as defined by the IRS. ***Roundtrip** is defined as miles driven in one car from your home address or previous assignment address to the On Assignment contracted hospital or On Assignment contracted temporary residence, one (1) time per contract period. **Daily mileage from housing to hospital will not be reimbursed.**

Please allow 2 weeks to receive any reimbursements

EXAMPLES OF REIMBURSABLE EXPENSES

Mileage (Up to cap amount defined in contract)
New Licensure (for use on an assignment)
Licensure Renewal (for use on an assignment)
Licensure verification
Fingerprints-FBI processing cards only
(The act of "rolling your prints" onto the card at a local highway patrol/police station are not included)

EXAMPLES OF NON-REIMBURSABLE EXPENSES (unless included in contract)

Postage/Fed-Ex fees
Phone/Fax fees
Meals/Hotels
Notary
Scrubs
CEU Expenses
Gasoline/fuel
Drug Screens/Immunizations
Passport photos for licensure applications
Certifications (ACLS, BLS, PALS etc.)
Other Personal Items
Money Order Fees
Car Rental/Taxi Cabs
Gifts
Parking Fees/Tolls
Bus/Train Fare
Transcript Fees

Note: On Assignment reserves the right to deny any reimbursement that has not been stipulated into a nurse's contract.