



TRAVEL REIMBURSEMENT REQUEST

This form must be completed and returned to the Accounting Department in order to receive your reimbursement. **To process your request quickly, please fax request to (888) 862-3408 or if a fax is not available please mail to:**

**Attn: Accounting Department
1615 South Federal Highway, Ste 300
Boca Raton FL 33432**

If you have any questions, please contact the Accounting Department at (800) 884-8788.

You have 30 days from the start/end date of your assignment to submit your Travel Reimbursement Request. Incomplete or incorrectly completed forms may delay processing. The reimbursed amount will be included in your paycheck or, in some instances, will be made by separate check.

Name: _____ Social Security # or Employee # _____

This reimbursement request is for the following (check only one):

- Travel to healthcare facility to begin an assignment
Facility Name: _____ City: _____ State: _____
- Travel from healthcare facility after ending an assignment
Facility Name: _____ City: _____ State: _____
- Travel between two American Traveler assignments (either the same or different facilities)
From- Facility Name: _____ City: _____ State: _____
To- Facility Name: _____ City: _____ State: _____

The IRS requires that we keep the following information on file, **including the odometer readings**, if you are traveling by motor vehicle. In the event that you are ever subjected to a personal IRS audit, it is strongly advised that you keep all travel related receipts (gasoline, tolls, airline tickets, etc) in your personal files. **You must provide the following information in order to receive your travel reimbursement.**

MOTOR VEHICLE MILEAGE DOCUMENTATION

	Date	City	State	Odometer Reading
Departure				
Arrival				
Total Miles Driven:				

OTHER TRANSPORTATION DOCUMENTATION (AIR, BUS, TRAIN, ETC)

	Date	City	State
Departure			
Arrival			
Legible copies of your tickets, which indicate your travel itinerary, must accompany this reimbursement request			

I acknowledge that my travel reimbursement is being treated as a nontaxable expense reimbursement. Under penalty of perjury, I hereby certify that the information provided is an accurate representation of the mileage driven and/or mode of transportation used to get to or from my assignment.

Signature Date