

## Provider Reimbursement Form

Provider Name (please print)	Payroll Period Ending (Date):
Worksite Name and Location:	Check remit address (if different than payroll):

\* Attach all receipts to an 8x11 copy for easier processing - Reimbursement Form and Expenses should match Job Assignme

**MILEAGE - Personal Vehicle Only** - Mileage reimbursement to and from starting address and facility worksite at current per diem IRS rate per r

Date	Starting Location	Ending Location	Total Number of Miles	Reason For Travel / Travel Destination	Notes

**FUEL - Rental Vehicles Only (Receipts Are Required)**

Date	City	State	Reason For Travel / Travel Destination	Amount	Notes
				\$	
				\$	
				\$	

**LODGING - Receipts are Required**

Date	City	State	Name of Lodging Establishment	Amount	Notes
				\$	
				\$	
				\$	

**MISC. EXPENSES - Receipts are Required**

Date	City	State	Purpose / Description of Expense	Amount	Notes

**EXPENSES NOTICE:** To ensure that your pay is processed without delay, timesheets and expenses must be submitted no later than the 3rd weekday after the end of the payroll period (15th and 30th of each month). Those timesheets received after the deadline will be processed the following pay period. Client Representative **must** sign the timesheet. Unsigned timesheets cannot be processed for payment.

**RECEIPTS:** Keep your receipts for any expenses you incur as they must be turned in with your timesheet to be reimbursed. All expenses **must** be approved by Client in advance - unapproved expenses will not be paid. Provider is liable for any additional expenses incurred outside of provider reimbursement policy.

PLEASE FAX OR EMAIL TO:

Email: [payroll@locumconnections.com](mailto:payroll@locumconnections.com)

Fax: (404) 448-4482

QUESTIONS OR CONCERNS:

Email: [payroll@locumconnections.com](mailto:payroll@locumconnections.com)

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