



The right connection. Guaranteed.

**TRAVEL REIMBURSEMENT FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TRAVEL BY LAND**

Beginning Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_

Total Mileage: \_\_\_\_\_

Date Departed: \_\_\_\_\_ Date Arrived: \_\_\_\_\_

City/State Departed From: \_\_\_\_\_

City/State Arrived at: \_\_\_\_\_

**TRAVEL BY AIR**

Date Departed: \_\_\_\_\_ Date Arrived: \_\_\_\_\_

City/State Departed From: \_\_\_\_\_

City/State Arrived at: \_\_\_\_\_

Airfare \$: \_\_\_\_\_

Shuttle/Taxi \$: \_\_\_\_\_

Parking \$: \_\_\_\_\_

**ADDITIONAL EXPENSES**

Nursing License

State(s): \_\_\_\_\_ Amount(s): \_\_\_\_\_

Other Expenses (please explain)

\_\_\_\_\_

Upon arrival to your assignment, please complete and return this form. You have 30 days from the start date of your assignment to submit this form. As you travel, keep all receipts and turn them in along with this form. Reimbursement requests will be processed with your payroll and will be paid to you according to your payroll request form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Tel: 888-NCSTAFF (627-8233)

Fax: 866-NCFAXES (623-2937)