



## TRAVEL REIMBURSEMENT FORM

Submit this completed form within **30 days** of your travel date to request reimbursement for your travel expenses. Requests submitted after 30 days may be subject to taxation. Incomplete or incorrectly completed forms will delay processing your reimbursement. Please fax your completed form to 800-970-5001, Attn: Travel Reimbursements.

Your direct deposit remittance or check will be mailed to your paycheck address. Note: If you are on a facility payroll assignment, your deposit remittance or check will be mailed to your current assignment address.

**YOUR INFORMATION:** *To ensure timely processing, clearly print all requested information.*

Name				Social Security #		
Tax Home	Address				Phone #	
	City			State	Zip	
Recruiter					Are you in OH Paid Housing?	Yes: <input type="checkbox"/> or No: <input type="checkbox"/>
Healthcare Facility	Name					
	City			State		

**REIMBURSEMENT TYPE:** *Choose, check and complete only one of the following.*

1.	<input type="checkbox"/> Arrival Travel	Date				
2.	<input type="checkbox"/> Return Travel	Date				
3.	<input type="checkbox"/> Interim Travel	Time Off Start Date				
		Time Off End Date				

- *Did you drive? If yes, complete **Section One** and skip Section Two.*
- *Did you fly? If yes, fill complete **Section Two** and skip Section One.*

**SECTION ONE: AUTOMOBILE MILEAGE DOCUMENTATION**

Onward Healthcare pays for actual miles traveled to and from your tax home, up to the Travel Cap defined in your Assignment Agreement. Onward Healthcare verifies mileage with mapping software using the most direct route. \*ODOMETER READINGS ARE REQUIRED FOR REIMBURSEMENT.

Start Location	City			State			Odometer Reading*			
End Location	City			State			Odometer Reading*			
Trip Date							Miles Driven from Tax Home to Assignment Housing			
							IRS Allowed Rate Per Mile (subject to change)	X	\$0.55	
							Travel Reimbursement (not to exceed Travel Cap)	\$		

**SECTION TWO: AIR TRAVEL DOCUMENTATION**

You must attach airline ticket stub(s) or an itinerary showing beginning and ending cities, as well as start and end dates.

Start Location	City			State			Date		
End Location	City			State			Date		

**PROFESSIONAL'S STATEMENT:** *You must sign and date this statement.*

I acknowledge Onward Healthcare's use of an IRS accountable plan for travel reimbursement, and I recognize that my reimbursement is NOT being taxed. Under penalty of perjury, I certify that this claim for travel reimbursement accurately represents the miles I traveled and the flights I took to or from this assignment.

Signature						Date			
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<< FOR OFFICE USE ONLY >>

Recruiter Approval	Signature				Date				
AP Approval	Signature				Date				
Notes						Sub ID			