



Expense Report

Name: _____ Affiliate Company _____

Date of Report _____	Type of reimbursable expense	Purpose/Explanation	Total Weekly Amount
Date _____	Mileage _____	Explanation _____	
Date _____	Mileage _____	Explanation _____	
Date _____	Mileage _____	Explanation _____	
Date _____	Mileage _____	Explanation _____	
Date _____	Mileage _____	Explanation _____	
Date _____	Mileage _____	Explanation _____	
Date _____	Mileage _____	Explanation _____	
Date _____	Mileage _____	Explanation _____ See assignment confirmation for qualified reimbursable mileage.	
Start Date _____ End Date _____	Per Diem	See Assignment Confirmation for qualified reimbursable expenses with your employer.	
	Housing	See Assignment Confirmation for qualified reimbursable housing with your employer.	
Date _____	Education	Attach pre-approved authorized education expenses from your employer.	
Date _____	Other	See Assignment Confirmation for other qualified reimbursable expenses from your employer.	
		Other requested reimbursable expenses	
		Sub total	
		Subtract Advances	
		TOTAL	

Employee signature _____

Mileage Approved by Facility Authorized Representative _____
 Title _____

Submit weekly with Timesheet to US NurseLink Fax at 866-856-4895 or email info@usnurselink.com