



**Read this entire form prior to submitting.**

**Failure to comply with all procedures will result in the denial of your request.**

**Pay Period** From: \_\_\_\_\_ To: \_\_\_\_\_

## Expense Statement

### Employee Information

Name \_\_\_\_\_

Deployed to: \_\_\_\_\_

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

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

City Location: \_\_\_\_\_

Date	Travel from	Travel to	Total Miles	Miles @ .50 Total	Meals \$36.00/day *	Hotel \$85.00 **	TOTAL
<b>TOTALS:</b>					Tips not reimbursed		

**Submit copies of all receipts, internet GPS map of travel "from and to" address with this form.**

By signing below I attest the above information is accurate and calculated correctly.

**\*\*Hotel accommodations are the responsibility of the employee and will be reimbursed at the rate specified**

If all forms are not submitted properly your reimbursement request will be denied.

Mileage reimbursement is NEVER guaranteed and will be denied without prior approval from Angel Staffing, Inc Corporate office.

X \_\_\_\_\_

Employee Signature

<p><b>For Angel Staffing Use Only:</b></p> <p>X _____</p> <p><u>Kathy Gallagher, Nurse Manager</u></p>	<p>RR #: _____</p> <p>X _____</p> <p><u>Kristy Ralston, COO</u></p>
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**Attention Accounting: Do NOT process this form for reimbursement until both ASI signatures have been obtained & verified**