



TRAVEL REIMBURSEMENT FORM

RN Network has agreed to reimburse you for travel associated with your nursing assignment. Reimbursement will be at the maximum allowed IRS rate per mile (55.5¢ for 2012) up to the Travel Cap as determined in your confirmation letter. Start/End Travel reimbursement will include only mileage from your physical departure address (tax home or previous assignment location) to your arrival address (current assignment location), limited to the Start/End Travel Cap amount. Please complete and fax this form to payroll at 1-800-805-0051 as soon as you arrive. The Travel Reimbursement Form must be received within thirty days of arrival in order to receive reimbursement.

ASSIGNMENT INFORMATION

Traveler Name: _____

Traveler Tax Home Address: _____

Assignment Start Date: _____ Assignment End Date: _____

Facility Name: _____

Facility Address: _____

DEPARTURE INFORMATION

Departure Address: _____

ARRIVAL INFORMATION

Arrival Address: _____

CALCULATION

Miles from Departure Address to Arrival Address (Trip Date: _____)		
IRS Allowed Rate Per Mile (subject to change)	x	\$0.55
Calculated Amount	=	A

Travel Cap Amount (contained in your confirmation letter)		
	=	B

Travel Reimbursement	Enter Lesser of A or B	
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By signing this document, I attest the information to be truthful.

SIGNATURE: _____ **DATE:** _____

Taxation Note: To ensure the mileage reimbursement is reported as a business travel expense and is not treated as taxable compensation, the IRS requires this documentation of the business miles driven. In addition, to avoid taxation treatment, you must have a current qualifying *Tax Home Representation Form* on file with RN Network, the assignment must not last more than one year, and the assignment must not be within commuting distance of your tax home.

Office Approval
