

Reimbursement Policy

**Request for reimbursement must be submitted
within 15 days of the assignment ending**

~ or ~

At minimum once a month for long term assignments

Receipts are required and must be submitted with form

Your current mileage & tolls can be submitted on the work record for quicker processing!

Reimbursable Expenses

- **Transportation:** Coach Air Fare, Baggage Fees, Taxi, Tolls, Rental Car, Gas for Rental Car or Mileage for use of Personal Car (*at IRS tax rate*)
- **Parking:** Airport/Hotel

Car rentals will be arranged by Weatherby and will be directly billed to Weatherby.

***Car rentals not arranged through Weatherby will not be
directly billed and do not include Weatherby's insurance.**

Please remember to always refuel rental car prior to returning.

Non Reimbursable Expenses

- **License:** Medical License and DEA
- **Airline:** Change Fees, Upgrades, Lost Ticket, Spouse or Family Travel
- **Rental Car:** GPS, Refueling Charges, Car Upgrades, Satellite Radio, Mileage
- **Hotel:** Meals, Phone, Videos/Movies, Upgrades, **No Show Fees**
- **Personal:** Cleaning, Cell Phone, Fax, Pets, Damages, Cable, Spouse or Family Travel

**** Exceptions:** If the client has agreed to any exceptions beyond this policy, your consultant will facilitate and document the arranged approval.

Any expenses not pre-approved by Weatherby Locums may be refused.



Provider Reimbursement

SUBMIT WITHIN 15 DAYS OF COMPLETION OF ASSIGNMENT

Date: _____
 Provider Name: _____
 Specialty/Skill: _____
 Worksite: _____

Office Use Only	
Division & Comp. #:	Weatherby Locums (Co 11)
Location & Team:	_____
Job CC #:	_____
Provider #:	_____
Buyer Name:	_____
Buyer #:	_____
Assignment Dates:	_____

Do not put expenses relating to multiple assignments on the same form

I. FUEL - When driving a rental car, NOT your own car (Receipts Required)

Date(s)	Explanation	Amount	Office Use Only
			Billable? Y/N
a) _____	_____	\$ _____	
b) _____	_____	\$ _____	
c) _____	_____	\$ _____	
Comments: _____		\$ _____ -	

II. LODGING (Receipts Required)

Date(s)	City, ST	Hotel/Motel	Amount	Office Use Only
				Billable? Y/N
a) _____	_____	_____	\$ _____	
b) _____	_____	_____	\$ _____	
c) _____	_____	_____	\$ _____	
Comments: _____			\$ _____ -	

III. OTHER EXPENSES - Please refer to our Reimbursement Policy (Receipts Required)

Date(s)	Explanation	Amount	Office Use Only
			Billable? Y/N
a) _____	_____	\$ _____	
b) _____	_____	\$ _____	
c) _____	_____	\$ _____	
Comments: _____		\$ _____ -	
Is Mileage To/From Airport? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please FAX to (866) 418-9553 no later then Monday 12:00 Noon (Eastern Time)

Office Use Only			
Form Completed by: _____	Total Reimbursement \$ _____		-
*Manager Approval: _____	Total Billable \$ _____		-
*Signatures required		Accounting Code	Amount
A/R _____	Invoice # _____	_____	_____
A/P _____	PV # _____	_____	_____
G/L Date _____		_____	_____