



TRAVEL REIMBURSEMENT FORM

RNnetwork has agreed to reimburse you for travel associated with your nursing assignment. Reimbursement will be at the maximum allowed IRS rate per mile (54.5¢ for 2018) up to the Travel Cap as determined in your confirmation letter. Start/End Travel reimbursement will include only the mileage from your physical departure address to your arrival address, limited to the Start/End Travel Cap amount. Please complete and fax this form to Payroll, **800.805.0051**, as soon as you arrive. The Travel Reimbursement Form must be received within 30 days of your arrival in order for you 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 <i>(subject to change)</i>		X	\$0.545
Calculated Amount		=	A

Travel Cap Amount <i>(contained in your confirmation letter)</i>		=	B
--	--	---	---

Travel Reimbursement	Enter Lesser of A or B	\$
-----------------------------	-------------------------------	-----------

By signing this document, I attest the information to be truthful.

SIGNATURE _____ DATE _____

Taxation Note: To ensure a 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 _____