



# Travel Reimbursement Form

## End Assignment

U.S. Nursing Network has agreed to reimburse you for travel associated with your travel assignment. Reimbursement will be at a rate of \$0.325 per mile up to the travel cap as defined below. The travel reimbursement will be paid at the start and again at the end of each assignment. To ensure this reimbursement is reported as a travel expense reimbursement and is not treated as taxable compensation, the IRS requires documentation of the business miles driven. This Travel Reimbursement Form End Assignment will include the return mileage from your assignment housing to your tax home (or directly to your next assignment) plus the daily mileage to and from your assignment housing to the worksite, not to exceed the travel cap amount, less the To Assignment amount previously paid. The Travel Reimbursement Form End Assignment will include only the mileage from your tax home to your assignment housing, limited to the dollar cap amount. Please complete and submit this form to the Payroll Department as soon as you arrive at your assignment housing. Forms **MUST BE RECEIVED** within two weeks of your assignment end date or they **WILL NOT** be paid.

### Travel Cap Amounts

8 Week Assignment = \$300 Round Trip  
13 Week Assignment = \$400 Round Trip  
17 Week Assignment = \$600 Round Trip  
26 Week Assignment = \$800 Round Trip

### YOUR INFORMATION

|  |                                 |
|--|---------------------------------|
| <b>Name:</b> _____   | <b>Social Security #:</b> _____ |
| <b>Tax Home Address:</b> _____                               |                                 |
| <b>Departure Address:</b> _____<br>(If different from above) |                                 |

### ASSIGNMENT INFORMATION

|  |                                     |
|--|-------------------------------------|
| <b>Facility Name:</b> _____              | <b>Assignment Start Date:</b> _____ |
| <b>Facility Address:</b> _____           | <b>Assignment End Date:</b> _____   |
| <b>Assignment Housing Address:</b> _____ |                                     |

### CALCULATION

|   |                           |  |
|---|---------------------------|--|
| <b>Miles Driven from Tax Home to Assignment Housing</b>                                       | <b>(Trip Date: _____)</b> | _____  |
| <b>Rate Per Mile Reimbursed by USNN</b>   | <b>X</b>                  | <b>\$ 0.325</b>  |
| <b>Travel Reimbursement To Assignment</b> <i>(not to exceed round trip travel cap amount)</i> |                           | <b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> |

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Note: If you do not have a permanent residence/tax home or the assignment is extended to over one year, this travel reimbursement will be treated as taxable compensation, subject to payroll taxes & reported on Form W-2.

