Medical Staffing Partners

Partnership Equals Solutions

Employee

Name _____

SSN _____

Department _____

Pay Period

From: _____

To: _____

(Account column for office use only.)

Date	Description	Initial Odometer	Ending Odometer	Total Miles	Accomodations	Other	Total
	Subtotals:						

Sub Total	
Advance (subtracted)	
Total Due	

Approved By

Signature: _____

Notes

Current mileage reimbursement is $.36/mile. Attach receipts.

Employee Signature _____

Tel: 800-896-4164 / 651-407-0300 medicalstaffingpartners.com **Fax: 800-544-2602 / 651-407-8977**

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