

Expense Reimbursement Request Form

NOTE: PLEASE ATTACH ORIGINAL RECEIPTS & KEEP PHOTOCOPIES OF EVERYTHING FOR YOUR RECORDS.



Expense Date	Expense Description	Total
For Accounting Office Use Only Manager Approval/Date	Notes	Subtotal
		Less Advance(s)
		Total

Please MAIL this form and ORIGINAL RECEIPTS within one week after completion of assignment. Please allow 4-6 weeks processing for your request. Only authorized expenses with original receipts will be reimbursed. Submit this form to: HealthSource Global Staffing - 39270 Paseo Padre Parkway, #138, Fremont, CA 94538

REPLACEMENT STAFF INFORMATION (please print clearly & legibly)

Location/Facility Name _____ Request Date _____

Last Name, First Name _____ Position Held _____

Last 4 digits of SSN _____ Job Action _____

Mailing Address _____ Contact Tel No _____

City, State, Zip _____ Mgr Approval _____