****

**D&Y USE ONLY**

Provider # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawson Ref #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Provider** | **Assignment Dates:** |
| **Facility Name:** | **Facility Location (city and state):** |

***All receipts must be attached before reimbursement can occur***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Expense Description** | **Date(s)** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Subtotal =** |  |

**Mileage Reimbursement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **From (Origin)** | **To (Destination)** | **Total Miles** | **Total Miles X IRS standard rate** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Subtotal =** |  |

**Reimbursed Expenses = Assignment Expenses + Mileage**

Note: Expenses over 60 days will not be eligible to be reimbursed.

***Please fax completed expense report along with work log to 256.382.1733 or***

***email to DYworklogs@dystaffing.com.***