



Reimbursement Form

8892 Beckett Road
West Chester, OH 45069
PH 877-301-4045
FAX 866-370-9963
www.AdvantageLocums.com

Provider Name:

Facility Name:

Work Week from: _____ / _____ / _____ to: _____ / _____ / _____
Month Day Year Month Day Year

Mileage and Travel

DATE	TRAVEL From	TRAVEL To	MILES OR CARRIER <small>(Air, Bus, Train, Rental Car)</small>	RATE	TOTAL

Lodging

DATE	HOTEL	CITY	STATE	RATE	TOTAL

Other

DATE	DESCRIPTION OF EXPENSE	RATE	TOTAL

Provider Signature

Date

Facility Signature

Date

To avoid delay in payment, please fax your completed reimbursement form and receipts to Advantage Locums at 866-370-9963 no later than **Monday, 12:00 p.m. EST.** Thank you.