TIVA healthcare

EMERGENCY MEDICINE

Provider Name: _____ Facility: _____

My Placement Specialist (recruiter) is: _____

Type (circle one): Physician Midlevel Other:_____

Date	Day	Start Time	End Time	Total Hours
	SUN			
	MON			
	TUES			
	WED			
	THURS			
	FRI			
	SAT			
			Total	

INTERNAL USE

PO_____

JOB _____

INV_____

RQ_____

PD_____

MALP Y / N

ST_____

EXPREP _____

****Please check if you have a rental car for this period****** ☐ Yes ☐ No

Mileage and Expense Log (mileage only reimbursed when using your own car and doesn't apply to a rental car)

Date	From	To	# of Miles
		Total Miles	

Other Reimbursable Out of Pocket Expenses (legible receipts must accompany this form for reimbursement)

Date	Type	Description	Amount
		Total $ Expenses for this period	

Required Signatures

Printed Name_____ Title _____

Provider Signature_____ Date _____

* Provider: By signing this, I confirm that the hours and expenses reported here are true and correct and understand that these hours and expenses will be reviewed and paid in accordance as an independent contractor.

Printed Name_____ Title _____

Client Signature_____ Date _____

* Client: By signing this, I confirm that the hours and expenses reported here are true and correct and understand that these hours and expenses will be reviewed and billed in accordance with agreed upon terms. Please call your placement specialist if there are any questions. (954).858.1443

PLEASE FAX SIGNED TO 954–514–3949 no later then Monday 12:00 PM (EST)