

Advanced Radiology Services 2023 Expense Report

Name: _____

Date: _____

Mileage

| Date | Total Miles | To | From | Purpose of Travel | Total Miles IRS Rate (0.655) |
|-----------------------|-------------|----|------|-------------------|------------------------------------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Mileage Totals | | | | | \$ |

Other Expenses

(must supply valid receipts with reimbursement request)

| Date (s) | Expense Type | Purpose of Trip/Expense and Location , if applicable | Expenses |
|----------------------------|--------------|--|----------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Other Expense Total | | | \$ |
| Grand Total | | | \$ |

You do not need to submit receipts for business meals consumed in accordance with the Travel Reimbursement Policy, but you must submit receipts for all other expenses. ARS will reimburse the cost of meals in accordance with the allowable per diem rate established by the IRS based on the city of the travel destination. If the cost of your meals exceeds the allowable daily rate, you will not be reimbursed for the excess cost.

Physician / Midlevel Signature or Typed Name for Electronic Submission

Date

When you click "Submit Form", please make sure to attach scanned receipts with the email.

If you are submitting hard copy or electronically, make sure to include this form with any submitted receipts.

Send to AP at: 3264 North Evergreen Drive Grand Rapids, MI 49525 or click "Submit Form" to email it to ap@advancedrad.com