



HEALTHCARE PROFESSIONAL STRIKE EXPENSE REPORT

**Instructions:** Review SAL for expectations and timeline on the reimbursement submission process. Once determined that reimbursement fits the guidelines, clinician to fill out the below document, attach receipts, and submit either electronically via [USNReimbursements@usnursing.com](mailto:USNReimbursements@usnursing.com), or in person to a USN representative. This will be put through an approval process to determine eligibility for reimbursement.

Clinician Name: \_\_\_\_\_

Clinician ID: \_\_\_\_\_

Specialty: \_\_\_\_\_

Clinician Address: \_\_\_\_\_

Facility: \_\_\_\_\_

Expense Date	Expense Description	Total Cost	Receipt Submitted	Comments	For Internal Use Only (Approved or Denied)

Total Expense Amount: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

***This process is not for license reimbursement requests. Please follow the communication for license reimbursements or reach out to [USNLicensing@usnursing.com](mailto:USNLicensing@usnursing.com) for additional information.***