



HEALTH CARE PROFESIONAL STRIKE EXPENSE REPORT

Instructions: HCP to review SAL for expectations and timeline on 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, or in person to a USN representative. This will be put through an approval process to determine eligibility for reimbursement.

Clinician Name: _____

Clinician ID: _____

Title: _____

Facility: _____

Date(s) of Expense(s): _____

Type of Expense(s):

1: _____ COST: _____

2: _____ COST: _____

3: _____ COST: _____

4: _____ COST: _____

5: _____ COST: _____

Total Expense Amount: _____

Submitted By: _____ Date: _____

Approved By: _____ Date: _____