



Date _____

Name _____

Travel Expense Settlement

Street/PO Box _____

Tuition Reimbursement

City _____ State ____ ZIP _____

Travel Expense Settlement (Complete and submit along with itemized receipts within one week of return from trip. Include all expenses and indicate any that were prepaid by the hospital; i.e., registration, hotel, CGH credit card charges.)

Travel Dates	Seminar/Program	Destination							
Prepaid	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS	
Room									
Breakfast									
Lunch									
Dinner									
Rail/Air Fare									
Taxi Fares									
Auto Expense ¹									
Telephone									
Registration									
Parking									
Tips									
Other									
TOTALS									

¹ Auto Expense – Round Trip One Way
_____ miles @ _____ / mile = \$ _____

Less Prepaid Expense ²

Less Cash Advanced

Balance Due	Employee	
	Hospital	

Employee's Signature _____ Date _____

Date Paid _____ Check # _____

Tuition Expense Reimbursement (Attach copy of class and final grade report and receipt/s for books.)

Tuition \$ _____

Institution _____

Books (1/2 of cost) \$ _____

Total Reimbursement \$ _____

Date Paid / Check #

Employee's Signature _____ Date _____

Financial Commitment

I do hereby agree to work for Carteret General Hospital at a rate of thirty (30) days per \$100 expended by the Hospital. My time commitment will begin on the current date or at the expiration of prior commitment/s and will continue 30 days for each \$100 expended plus any prorated days for amounts over the \$100 increment. **Should I discontinue my Hospital employment not having satisfactorily fulfilled this agreement, I authorize the outstanding dollar amount to be withheld from my final Hospital paycheck. I fully understand that failure to comply with this agreement in its entirety will constitute breach of contract and the Hospital will then be caused to seek appropriate action.**

Total cost of this commitment \$ * _____ My time commitment will expire on _____.

Employee's Signature _____ Date _____

Manager and Administrative Approval

Manager's Signature _____ Date _____

Charge to _____

Division Administrator's Signature _____ Date _____