



Concur Expense Request for Access Form

Please indicate if this is a new request or change:

New Change

Authorization Agreement

Your payment information on file with payroll will be used to determine the method of reimbursement through AP. If you are set up on direct deposit with payroll, your expense reimbursements will be deposited into your main bank account on file with payroll. If you receive a live check from payroll, you will receive a live check for your expense reimbursement. AP payments will be separate from payroll.

The Following Information Is Required

(this section must be completed and legible or your request cannot be processed)

Authorized Signature: _____

Date: _____

Print Full Name & Title:

Home Address: _____

City/State/Zip: _____

Kindred Personnel #: _____
(This is located top/center of your Kindred payroll check stub)

Cost Center #: _____
(This is located under the personnel number)

Your Division/Group must be set up to use Concur for expense reimbursements or your request cannot be processed.

Please provide a personal email address if you do not have a company email account: _____
If you have a company email account, payment information will be sent to your company email account. This email is used to notify you of direct deposits. You must set up an email of your choice in your Concur Expense profile to receive updates on the status of your reports from Concur.

**Please mail this form to
Kindred Healthcare
PO Box 740054
Louisville, KY 40201
Or Fax to: 502-596-7306
Or Email to: Aptravelcorp@Kindred.com**

For Accounting Use Only

SAP Vendor # _____ In Concur Concur SAP
Cost Center / Company Code: _____ Live Check/SAP
PerNumber: _____ Payroll DD Payroll Live Check
OIG/GSA Completed if required: