

JOHNSON COUNTY, KANSAS
RECEIPT SUBSTITUTE

| | |
|----------------|-------|
| Employee Name: | _____ |
| Department: | _____ |
| Paid to: | _____ |
| For: | _____ |
| | _____ |
| Date: | _____ |
| Amount: \$ | _____ |

certify that the expenses indicated above were incurred and paid for on behalf of Johnson County.

Employee: _____ Date: _____ Approval: _____ Date: _____