JOHNSON COUNTY, KANSAS MILEAGE REIMBURSEMENT STATEMENT

NAME: **DEPARTMENT:**

TRAVEL DATE	FROM	TO	MILES	APPROVED MILES	PURPOSE

Total Reimbursable Miles _____

x reimbursement rate _____

Total Mileage Reimbursement _____

Other Travel Expenses Related to Mileage Reported Above (list amounts and dates)

Tolls _____ | _____ | _____ | _____ | _____ | _____

Parking _____ | _____ | _____ | _____ | _____ | _____

Other* _____ | _____ | _____ | _____ | _____ | _____

*** Use as Receipt Substitute if Receipts Are Not Available**

Total Other Travel Expenses _____

Total Mileage and Related Expenses _____

I hereby certify that the miles driven and other travel expenses indicated above were incurred while carrying out official County business. I am in possession of a valid operator's license and carry insurance coverage on my personal vehicle as required by Kansas law.

Employee signature Date Approval signature Date

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