JOHNSON COUNTY MISCELLANEOUS RECEIPTS FORM

NAME: _____

DEPARTMENT: _____

This form is to be used to report all expenditures not related to travel.

Please attach receipts or receipt substitutes.

Date	Item	Purpose	Cost
		Total	

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

Employee Signature: _____ Date _____

Approved: _____ Date _____