JOHNSON COUNTY, KANSAS TRAVEL EXPENSE STATEMENT

NAME: **DEPARTMENT:**

DATE	DAILY *** ALLOWANCE	BREAKFAST*	LUNCH*	DINNER*	AIRFARE	LODGING	GROUND TRANSP	TELEPHONE	MISC **	DAILY TOTAL
TOTAL										

RECEIPT SUBSTITUTE FORM

No receipts are available for the following expenses:

DATE	ITEM	AMOUNT

TOTAL MILEAGE AND RELATED EXPENSES (from reverse) _____

TOTAL REIMBURSEMENT REQUESTED _____

DESTINATION: _____

PURPOSE OF TRAVEL: _____

**** EXPLANATION OF MISCELLANEOUS EXPENSES** _____

I hereby certify that all expense claimed was incurred in the discharge of official County business and that the information shown hereon is correct, that no part of compensation claimed was of a non-business nature, that none of the items presented for reimbursement are being paid under a direct-bill arrangement with the County, and that all requests for reimbursement are in accordance with County policy. If any mileage reimbursement is claimed, I certify 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

* All meals and tips are included in daily allowances, if requested.
** Misc items must include descriptions
*** If not prepaid, or if adjustments are necessary, enter amount(s) in daily allowance column.