

JOHNSON COUNTY BOARD OF SERVICES
 JOHNSON COUNTY SHELTERED WORKSHOP
 MILEAGE/EXPENSE REIMBURSEMENT REQUEST

NAME: _____

Month of Service: _____

MILEAGE REIMBURSEMENT

Date of Trip	Destination	Reason	# of Miles Round Trip

TOTAL MILES:	X .565	\$
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REIMBURSEMENTS

Date of Purchase	Destination	Purchased From	Cost

TOTAL for Reimbursements:	\$
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TOTAL Amount TO BE PAID:	\$
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Employee Signature: _____

Supervisor Signature: _____

Board Signature: _____