

# JOHNSON COUNTY COMMUNITY COLLEGE

## Art Travel Expense Report and Reimbursement Request

Return Check to: \_\_\_\_\_

Approved By

Check Requested By: \_\_\_\_\_

Payee

DATE(S) OF TRAVEL

\_\_\_\_\_

LOCATION—CITY/STATE

\_\_\_\_\_

AIRFARE

\_\_\_\_\_

PARKING

\_\_\_\_\_

RENTAL CAR (including gas)

\_\_\_\_\_

PERSONAL AUTO MILEAGE

@ \$.485/MILE—MILES/AMOUNT

\_\_\_\_\_

TAXI

\_\_\_\_\_

HOTEL (excluding meals)

\_\_\_\_\_

TELEPHONE

\_\_\_\_\_

TOTAL OUT OF TOWN TRAVEL EXPENSE

\$ \_\_\_\_\_

MEALS:

Itemize each meal separately on  
Meal Expense Report (Detail)

\_\_\_\_\_

OTHER (itemize – attach separate sheet to explain if needed)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

TOTAL REIMBURSEMENT

\$ \_\_\_\_\_

Approval by Authorized Officer:

Date: \_\_\_\_\_

\_\_\_\_\_

Print Name

Signature: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

This form and accompanying documentation is to be submitted to the Director of Financial Services for reimbursement.

# JOHNSON COUNTY COMMUNITY COLLEGE

## Meal Expense Report (Detail)

	Breakfast	Lunch	Dinner	Daily Total
<b>Date:</b>	Amount: \$	Amount: \$	Amount: \$	\$
	Restaurant: _____ _____	Restaurant: _____ _____	Restaurant: _____ _____	
<b>Description:</b> _____ _____ _____				
<b>Date:</b>	Amount: \$	Amount: \$	Amount: \$	\$
	Restaurant: _____ _____	Restaurant: _____ _____	Restaurant: _____ _____	
<b>Description:</b> _____ _____ _____				
<b>Date:</b>	Amount: \$	Amount: \$	Amount: \$	\$
	Restaurant: _____ _____	Restaurant: _____ _____	Restaurant: _____ _____	
<b>Description:</b> _____ _____ _____				
<b>Date:</b>	Amount: \$	Amount: \$	Amount: \$	\$
	Restaurant: _____ _____	Restaurant: _____ _____	Restaurant: _____ _____	
<b>Description:</b> _____ _____ _____				
<b>Date:</b>	Amount: \$	Amount: \$	Amount: \$	\$
	Restaurant: _____ _____	Restaurant: _____ _____	Restaurant: _____ _____	
<b>Description:</b> _____ _____ _____				
<b>Date:</b>	Amount: \$	Amount: \$	Amount: \$	\$
	Restaurant: _____ _____	Restaurant: _____ _____	Restaurant: _____ _____	
<b>Description:</b> _____ _____ _____				
<b>TOTAL</b>				\$ _____

**JOHNSON COUNTY COMMUNITY COLLEGE**  
**Other Travel Expenses – Detailed Explanation for Expenses**  
**(other than Meals) Without Receipts**

<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	
<b>Date:</b>	<b>Amount: \$</b>
<b>Explanation:</b> _____ _____ _____	

**TOTAL**      \$ \_\_\_\_\_.

# JOHNSON COUNTY COMMUNITY COLLEGE

## Art Acquisition Expense Report (Detail)

To be completed after each trip and appended to the trip documentation

<b>Art Piece #1:</b>		
<b>Purchase Price: \$</b>	<b>Date of Purchase:</b>	<b>Seller's Name:</b>
<b>Description of Art Piece:</b> _____ _____ _____		
<b>Art Piece #2:</b>		
<b>Purchase Price: \$</b>	<b>Date of Purchase:</b>	<b>Seller's Name:</b>
<b>Description of Art Piece:</b> _____ _____ _____		
<b>Art Piece #3:</b>		
<b>Purchase Price: \$</b>	<b>Date of Purchase:</b>	<b>Seller's Name:</b>
<b>Description of Art Piece:</b> _____ _____ _____		
<b>Art Piece #4:</b>		
<b>Purchase Price: \$</b>	<b>Date of Purchase:</b>	<b>Seller's Name:</b>
<b>Description of Art Piece:</b> _____ _____ _____		
<b>Art Piece #5:</b>		
<b>Purchase Price: \$</b>	<b>Date of Purchase:</b>	<b>Seller's Name:</b>
<b>Description of Art Piece:</b> _____ _____ _____		
		<b>TOTAL</b> \$ _____