

**JOHNSON COUNTY, TN
EMPLOYEE REIMBURSEMENT REQUEST**

INSTRUCTIONS: Complete all fields. Attach the original receipt(s), and have the County Mayor approve this request. – **Please note: this form cannot be used for travel reimbursement.**

Name of employee: _____

County Department Name: _____

Description of purchase:

Vendor name: _____

Date of purchase: _____

Invoice/receipt number(s): _____

Original receipt must be attached. Please sign each receipt.

Reimbursement Total: \$ _____

Employee's Signature

Department Official's Signature

County Mayor's Signature

Accounting Use Only:

Accounting Use Only:
