



Johnson County Professional Firefighters Union LOCAL 4252

REIMBURSEMENT REQUEST FORM

1. Person To Be Reimbursed: _____
2. Date Of Request: _____
3. Reason for Reimbursement: _____
4. Out of Pocket Expenses Incurred. List separately (i.e.: fuel, food, expenses).

Item Description	Amount

Check here only if additional items are handwritten on the back of this page.

5. Mileage Expense, If Applicable:

$$\text{miles} \quad (\text{x}) \quad \text{federal mileage rate} \quad = \quad \text{total mileage expense to be reimbursed for 2014}$$

6. TOTAL Amount Of Reimbursement:

7. Other Comments:

Do not write below this line. For office use only.

Date Request Received: _____

Date Request Reviewed: _____

Approved / Denied