JOHNSON COUNTY COMMUNITY COLLEGE

Art Travel Expense Report and Reimbursement Request

Return Check to:	
Check Requested By:	-

JOHNSON COUNTY COMMUNITY COLLEGE **Meal Expense Report (Detail)** Breakfast Lunch Dinner **Daily Total** Amount: \$ Restaurant: _____ \$ Date: Amount: \$ Amount: \$ Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Description: _____ Amount: \$ Restaurant: _____ Amount: \$ Amount: \$ \$ Date: Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Description: __ Amount: \$ Amount: \$ \$ Date: Amount: \$ Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Description: ___ Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ \$ Date: **Description:** Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Date: \$ **Description:** Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Amount: \$ Restaurant: _____ Date: \$ **Description:**

TOTAL

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JOHNSON COUNTY COMMUNITY COLLEGE

Art Acquisition Expense Report (Detail)

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

Art Piece #1:			
Purchase Price: \$	Date of Purchase:	Seller's Name:	
Description of Art Piece:			
			_
Art Piece #2:			
Purchase Price: \$	Date of Purchase:	Seller's Name:	
			_
Art Piece #3:			
р	Date of David	C. H. J. N.	
	Date of Purchase:	Seller's Name:	
Description of Art Fiece.			
			_
Art Piece #4:			
Att riece #4.			
Purchase Price: \$	Date of Purchase:	Seller's Name:	
Description of Art Piece:			
Art Piece #5:		T	
D 1 D • •	D (CD)	G.B. I. N.	
Purchase Price: \$ Description of Art Piece:	Date of Purchase:	Seller's Name:	
		TOTAL \$	
		TOTAL •	