

JEFFERSON COUNTY GOVERNMENT
NON- TRAVEL REIMBURSEMENT REQUEST FORM

DEPARTMENT _____

DATE PURCHASE MADE _____

PURCHASER'S NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

AMOUNT OF PURCHASE _____

REASON _____

ATTACHED RECEIPT **YES** **NO**

CODING _____

DEPARTMENT HEAD SIGNATURE _____

DATE _____

FINANCE DIRECTOR SIGNATURE _____