



MILEAGE RATE EFFECTIVE FOR JANUARY 1, 2016

Genesee Education Consultant Services

### TRAVEL EXPENSE REIMBURSEMENT REQUEST

Name \_\_\_\_\_ Period Covered \_\_\_\_\_

District \_\_\_\_\_ Program/Site \_\_\_\_\_

Date	Departure Location	Destination	Return Location	No. of Miles



Genesee Education Consultant Services

**TRAVEL EXPENSE REIMBURSEMENT REQUEST**

Name \_\_\_\_\_ Period Covered \_\_\_\_\_

District \_\_\_\_\_ Program/Site \_\_\_\_\_

Date	Departure Location	Destination	Return Location	No. of Miles

I hereby certify that all items of expense included in this statement were incurred in the discharge of official business. Amounts are correct and represent proper charges to the district.

**\*\*ATTACH A COPY OF YOUR CAR INSURANCE TO THIS FORM\*\***

**Total Number of Miles**

\_\_\_\_\_ X .54

**Total Reimbursement Requested**

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

**Employee** \_\_\_\_\_

Print Name

**Approved By**

\_\_\_\_\_  
(Employee's Supervisor/Director/Superintendent) Date

\_\_\_\_\_  
Signature Date

**Charges verified by:** \_\_\_\_\_

**Date sent to GECS:** \_\_\_\_\_

**FOR GECS USE ONLY**

Account No. _____
<input type="checkbox"/> Current Car Insurance Verified - INITIALS: _____
Signature _____

**FOR DISTRICT USE ONLY**

Account/P.O. #: _____	\$
_____	\$