



Genesee Education Consultant Services

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Name _____ Period Covered _____

District _____ Program/Site _____

Table with 4 columns: Date, Departure Location, Destination, Return Location, No. of Miles. Multiple empty rows for data entry.

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

Signature line and empty box for stamp.

Employee _____ Print Name

Approved By _____ Date (Employee's Supervisor/Director/Superintendent)

Signature _____ Date

Charges verified by: _____

Date sent to GECS: _____

FOR GECS USE ONLY

Account No. _____
Current Car Insurance Verified - INITIALS: _____
Signature _____

FOR DISTRICT USE ONLY

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