



MILEAGE RATE EFFECTIVE FOR JANUARY 1, 2024

Genesee Education Consultant Services

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Name _____

Period Covered _____

District _____

Program/Site _____

Date	Departure Location	Destination	Return Location	No. of Miles



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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

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. _____

 Current Car Insurance Verified - INITIALS: _____

Signature _____

FOR DISTRICT USE ONLY

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