GECS
Genesee Education Consultant Services

MILEAGE RATE EFFECTIVE FOR JANUARY 1, 2024

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****

0

.70

$ 0.00

Employee _____
Print Name

_____
Signature **Date**

Approved By _____
(Employee's Supervisor/Director/Superintendent) 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. #: _____ **$** _____

$ _____

KM 1/16