



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. #: _____ \$

_____ \$