



Genesee Education Consultant Services

MILEAGE RATE EFFECTIVE FOR JANUARY 1, 2015

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Name _____ Period Covered _____

District _____ Program/Site _____

Table with 4 columns: Date, Departure Location, Destination, Return Location, No. of

I hereby certify that all items of expense included in this statement were incurred in the discharge of official business...

ATTACH A COPY OF YOUR CAR INSURANCE TO THIS FORM

Total Number of Miles

X 0.725

Total Reimbursement Requested

\$ []

Employee _____ Print Name

Approved By _____ 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. #: [] \$ [] \$ []