GENEVA CITY BOARD OF EDUCATION

Employee Reimbursement Claim Form

Employee Name

Mailing Address

City State Zip

Purpose of Travel:

Itemized receipts are required for reimbursements to be processed.

Agenda Attached: ☐

Receipts Attached: ☐

Google Map Printout Attached: ☐

Rate: $0.70

Date	POINTS OF TRAVEL From To	Private Car Miles	Travel Miles x rate Dollar amounts only	Parking Fees	Meals (include tips)	Total Amount Claimed

Date	Accomodations	Cost

TOTAL REIMBURSEMENTS DUE $

I certify that all information and attached documentation are true and accurate, and that the expenses claimed were incurred for official Geneva City Schools business.

Signature of Traveler

Principal

Superintendent/Board Chairman/CSFO

Board Members (Required For Chairman Travel Only)

Note: Reimbursements will be processed and available within 14 days of receipt.

Expense Code: