

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: \$0.76

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

Date	Accommodations	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: