IN-SYSTEM TRAVEL VOUCHER

Eufaula City Schools - Eufaula, Alabama

Name _____ Address _____

City _____ State _____ Zip Code _____

Month Ending _____ School/Department _____

DATE	*EXPLANATION OF TRAVEL*	*MILEAGE*

GRAND TOTAL MILEAGE _____

Employee Signature _____

Approved _____

Mileage times $.56 per mile: _____

FUNDING CODE:

_ _ / _ / _ _ _ _ / _ _ _ / _ _ _ _ / _ _ _ _ / _ / _ _ _ _ / _ _ _ _

REV 01/01/21