

OUT-OF-SYSTEM TRAVEL VOUCHER

Eufaula City Schools - Eufaula, Alabama

Name _____ Address _____

City _____ State _____ Zip Code _____

Destination(s) _____

Purpose of Travel _____

Left Eufaula at _____ ☐ AM ☐ PM On _____ Returned to Eufaula at _____ ☐ AM ☐ PM On _____

1. LODGING

AMOUNTS

A. Actual expenses (attach itemized hotel bill).....

2. MEALS (Overnight Travel Only)

Breakfast	\$8.00 X _____	Meals.....	_____
Lunch	\$10.00 X _____	Meals.....	_____
Dinner	\$18.00 X _____	Meals.....	_____

3. TRANSPORTATION

A. Used Eufaula City Schools' Vehicle Number _____

B. Used public carrier (ticket(s) attached).....

C. Used private vehicle _____ miles @ \$.56 per mile.....

4. MISCELLANEOUS EXPENSES

A. Registration fee (receipt attached).....

B. Tolls (receipts attached).....

C. Taxi (receipts attached).....

D. Other (explain) _____

TOTAL REIMBURSEMENT REQUESTED.....

Date _____ Signature _____

Date _____ Approved _____

Funding Code / / / / / / / / /