

# 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_