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 @ $.76 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 ___/__/_____/_____/_____/_____/__/_____/_____

Rev. July 1, 2026