KSD No. 4
Form # 105
10/98

Travel Expense Report

Knappa School District No. 4
41535 Old Hwy 30
Astoria, OR 97103
(503) 458-6166

Name _____ Date _____

Date	Travel To	Travel From	Purpose	Total Mileage	Meals	Lodging	Other	Account Number
			Total Mileage		Total	Total	Total	
			Rate per mile					
			Totals					=

Total to Reimburse:

Signature of Principal

Signature of Business Manager