Knappa School District
No. 4 41535 Old Hwy 30
Astoria, OR 97103
(503) 458-5993
Updated May 2025

KSD No. 4
Form # 205

Extracurricular/Athletics Trip Expense Summary

Employee Name: _____ Position: _____ Building (HLE, BG, KHS, BO, etc.) OTHER Date of Summary completed :_____	Trip Activity Name: _____ Dates of Trip: _____	Meal Cost Breakdown: B = Breakfast = >$13 - ***Breakfast NOT covered if hotel provides.*** L = Lunch = >$15 - Must be one meal for total cost, ***not 2*** or more. D = Dinner = $25 - It is NOT $53 total for each day, if breakfast or lunch wasn't ***used*** by dinner time, you still only get $25. NOT $53. ***This applies to all KSD staff and students.***

Summary of All Expenses:

Item Name (B, L, D, Mileage, Parking, Entrance fee, etc.)	Vendor: (Wendys, Osaa, McDonalds, etc.)	Date of Transaction.	Amount.	Account. If unknown, leave blank. Determine here if ASB or District expense.

SAVE & ATTACH YOUR RECEIPTS! If you lose a receipt, call the vendor and ask for a copy to be sent ap@knappak12.org. If you aren't able to get a receipt, you will not be reimbursed. Physically turn in this form and your receipts (entire travel folder) to the business office. Complete this form electronically & submit photos of receipts by visiting here: https://knappa.schoolinsites.com/ap

ADDITIONAL LINES & TRAVEL MILEAGE ON BACK!

DEPART. APPROVAL: _____ BUSINESS OFFICE APPROVAL _____ DATE: _____

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Cont. Summary of All Expenses:

Item Name (B, L, D, Mileage, Parking, Entrance fee, etc.)	Vendor: (Wendys, Osaa, McDonalds, etc.)	Date of Transaction.	Amount.	Account. If unknown, leave blank. Determine here if ASB or District expense.

Travel Mileage

Date	To	From	Purpose	Total Mileage	Account Number (Leave blank)

Signature of Supervisor	DATE	RATE PER MILE	TOTAL MILEAGE	TOTAL REIMBURSEMENT	Signature of Business Manager