CSD:6J ... Form #105 9/98

Name_

Clatskanie School District Clatskanie, OR

Travel Expense Report

Date_

									,			Date
			anna igan an an an an									Travel From
										albest resile	managements processed and	vel To
Totals	Rate Per Mile	Total Mileage				en a questi de a a a a a a a a a a a a a a a a a a						Purpose
S	(D)	ע			·		•					Total Mileage
	XX											Meals
	XXX											Lodging
	XX			·								Other
	Total To Reimburse:			•					·			Account Number

Signature of Employee

Signature of Supervisor