Palisades Charter High School

Expense Report/ Reimbursement Form
2018 Calendar Year

Name: Pamela Magee Date: 2/12/2019 P.O. #

Date	Vendor	Description	Office Supplies	Classroom Materials	Confer-ences	Comm/ Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
									0.545	-
1/13/2019	Dr. Magee	Admin Meeting for (1/24/19) Food charged on School Card					$13.13		0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	-	-	13.13	-	6.54	-

Grand Total	**$**	**13.13**
Charged Amount	**$**	**13.13**
Net Due Employee	**$**	**-**

Employee Signature:_____

Approved By:_____ **Date:**_____

Department/Program Name & #:_____

***-Provide full description on amounts in this column to allow for proper identification**
Please submit original receipts for reimbursement. Reimbursement forms must be submitted within 30 days of purchase.

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