Palisades Charter High School

Expense Report/ Reimbursement Form
2019 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	-
1/16/2019	Dr. Magee	School Services of Cal (2018-2019) Budget Mtg.						118.00	0.545	64.31
1/23/2019	Dr. Magee	YM&C Critical Issues Symposium, Glendale, CA						52.60	0.545	28.67
2/6/2019	Dr. Magee	Executive Board Mtg. Los Angeles (round trip from PCHS)						38.00	0.545	20.71
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	-	-	-	208.60	6.54	113.69

Grand Total	**$**	**113.69**
Charged Amount	**$**	**-**
Net Due Employee	**$**	**113.69**

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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