Palisades Charter High School

Expense Report/ Reimbursement Form
2019 Calendar Year

Name: Pamela Magee Date: 2/27/2019 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
2/13/2019	Dr. Magee	Admin Meeting for (2/13/19) Food charged on School Card			$55.40				0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
									0.580	-
Total			-	-	55.40	-	-	-	0.580	-

Grand Total	**$**	**55.40**
Charged Amount	**$**	**55.40**
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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