

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	Conferences	Comm/Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
1/30/2019	Dr. Mogee	LAUSD SELPA COP Advisory Meeting Oakland (LY#)	4350		\$22.29				0.580	-
1/30/2019	Dr. Mogee	LAUSD SELPA COP Advisory Meeting Oakland (LY#)			\$28.55				0.580	-
1/30/2019	Dr. Mogee	LAUSD SELPA COP Advisory Meeting Oakland (LY#)			30.67				0.580	-
1/30/2019	Dr. Mogee	LAUSD SELPA COP Advisory Meeting Oakland (LY#)			17.80				0.580	-
1/30/2019	Dr. Mogee	LAUSD SELPA COP Advisory Meeting Oakland (LY#)			17.07				0.580	-
1/30/2019	Dr. Mogee	LAUSD SELPA COP Advisory Meeting Oakland (LY#)			23.53				0.580	-
2/22/2019	Dr. Mogee	Getting Down to Facts II Conference in Los Angeles (round-trip from PCHS) mileage						40.40	0.580	23.43
3/7/2019	Dr. Mogee	Los Angeles Advocacy Council: March (round-trip from PCHS)						39.80	0.580	23.08
3/4/2019	Dr. Mogee	COP Performance Indicator Review Process, Playa Del Rey (round-trip from PCHS)						27.80	0.580	16.12
									0.580	-
									0.580	-
									0.580	-
Total			-	-	139.91	-	-	108.00	0.580	62.64

Grand Total	\$	202.55
Charged Amount	\$	139.91
Net Due Employee	\$	62.64

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.