Palisades Charter High School

Expense Report/ Reimbursement Form 2019 Calendar Year

Name:	Pamela Magee	Date:	4/30/2019	P.O. #
-------	--------------	-------	-----------	--------

5 .			Office	Classroom		Comm/	O. 11		Rate Per	Total
<u>Date</u>	<u>Vendor</u>	<u>Description</u>	Supplies 4350	Materials 4310	<u>ences</u> 5220	Postage 5920	Other*	<u>Miles</u>	<u>Mile</u>	<u>Mileage</u> 5210
3/11/2019 to										
3/14/2019	Dr. Magee	CCSA - Travel from Home to LAX						22.00	0.580	12.76
3/29/2019	Dr. Magee	LA Conversion Charter Mtg. Birmingham Community Charter HS. (round-trip from PCHS)						34.20	0.580	19.84
4/9/2019	Dr. Magee	Executive Board Mtg., Los Angeles (round-trip from PCHS)						39.40	0.580	22.85
3/20/2019	Dr. Magee	Curriculum Council/Dept. Chair/Admin Mtgs. Food (Pavilions) on school card	26.99)					0.580	-
3/27/2019	Dr. Magee	Curriculum Council/Dept. Chair/Admin Mtgs. Food (Pavilions) on school card	25.35						0.580	-
4/10/2019	Dr. Magee	Curriculum Council/Dept. Chair/Admin Mtgs. Food (Ralphs) NOT on school card					21.98		0.580	21.98
4/9/2019	Dr. Magee	PARKING, Executive Board Mtg., Los Angeles office					\$8.00		0.580	8.00
	Dr. Magee								0.580	-
	Dr. Magee								0.580	-
									0.580	-
					•				0.580	-
									0.580	-
Total			52.34	-	-	-	29.98	95.60	0.580	85.43

Grand Total	\$ 167.75
Charged Amount	\$ -
Net Due Employee	\$ 85.43

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.