Palisades Charter High School

Expense Report/ Reimbursement Form 2019 Calendar Year

Name:	Pamela Magee		-	Date: 6/4/2019				P.O. #		1
			Office	Classroom	Confer-	Comm/		Business	Rate Per	Total
<u>Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Supplies</u>	<u>Materials</u>	<u>ences</u>	<u>Postage</u>	Other*	<u>Miles</u>	<u>Mile</u>	<u>Mileage</u>
			4350	4310	5220	5920				5210
5/21/2019	Dr. Magee	LAAC Measure EE Mtg., (round-trip mileage)						31.60	0.545	17.22
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-

31.60

6.54

17.22

Grand Total	\$ 17.22
Charged Amount	\$ -
Net Due Employee	\$ 17.22

Employee Signature:	
Approved By:	Date:
Department/Program Name & #:	

Rev. 01/18

Total

^{*-}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.