

**Expense Report/ Reimbursement Form
2016-2017**

Name: Pamela Magee

Date: 1/21/2017

P.O. # 001280

Date	Vendor	Description	Office Supplies 4350	Classroom Materials 4310	Conferences 5220	Comm/Postage 5920	Other*	Business Miles	Rate Per Mile	Total Mileage
11/17/16-11/18/16	Dr. Magee	CIE Conference, Rancho Mirage, CA (round-trip from PCHS)						280.00	0.535	149.80
12/8/16 - 12/9/16	Dr. Magee	Charter School Development Conference- San Diego (round-trip from PCHS)						276.14	0.535	147.73
1/18/2017	Dr. Magee	School Services of CA Governor's Budget Workshop, Garden Grove (round-trip from PCHS)						99.60	0.535	53.29
1/19/17 - 1/20/17	Dr. Magee	National Business Institute IEP and 504 plans: A Legal Compliance Guide- Pasadena Sheraton Hotel (2 round trips from PCHS) Sp Ed/504 training						57.40	0.535	30.71
1/27/2017	Dr. Magee	Granada Hills Symposium (round-trip from PCHS) CCSA Los Angeles Advocacy Council (LAAC)						54.80	0.535	29.32
1/30/2017	Dr. Magee	Meeting for February (round-trip from PCHS) ESSA State Plan Stakeholder Input Mtg. Costa Mesa						42.80	0.535	22.90
2/6/2017	Dr. Magee	LAAC Meeting @ CCSA/COP Executive Council, Los Angeles (from PCHS to site(21.4 miles) . Site to Home 13.4)						110.60	0.535	59.17
2/9/2017	Dr. Magee	National Business Institute IEP and 504 plans: A Legal Compliance Guide- Pasadena Sheraton Hotel (2 round trips from PCHS) Sp Ed/504 training PARKING \$12.00 per day						34.80	0.535	18.62
1/19/2017 - 1/20/2017	Dr. Magee	CIE Effectively Formulating Your Program Downey (from home to site 23.9 miles. From site to PCHS, 31.8 miles)						-	0.535	24.00
2/15/2017	Dr. Magee	LAUSD COP Ex Council Mandatory, Downtown Los Angeles (round-trip from PCHS)						55.80	0.535	29.85
2/16/2017	Dr. Magee	\$32.00 Parking Grand Total \$613.19						39.80	0.535	21.29
									0.535	-
Total								1,051.74	0.535	586.68

Grand Total	\$	586.68
Charged Amount	\$	586.68
Net/due Employee	\$	-

Employee Signature: *Pamela Magee*

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.