

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

Name: Pamela Magee

Date: 3/14/2017

P.O. # \_\_\_\_\_

<u>Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Office Supplies</u>	<u>Classroom Materials</u>	<u>Confer-ences</u>	<u>Comm/Postage</u>	<u>Other*</u>	<u>Business Miles</u>	<u>Rate Per Mile</u>	<u>Total Mileage</u>
			4350	4310	5220	5920				5210
3/21/2017	Dr. Magee	CCSA - California Charter School Conference Sacramento, CA (3/21 - 3/23) REGISTRATION FEE			350.00				0.535	-
3/21/2017	Dr. Magee	CCSA - California Charter School Conference Sacramento, CA (3/21 - 3/23) FLIGHTS			172.88				0.535	-
3/21/2017	Dr. Magee	CCSA - California Charter School Conference Sacramento, CA (3/21 - 3/23) MATERIALS FOR PRESENTATION					29.99		0.535	-
3/6/2017	Dr. Magee	LCAP Strategy Workshop, Commerce, CA (round-trip from PCHS)						49.80	0.535	26.64
									0.535	-
3/9/2017	Dr. Magee	LAAC Meeting @ CCSA, 250 E. First St., LA, CA (round-trip from PCHS)						40.80	0.535	21.83
									0.535	-
2/14/2017	Dr. Magee	Assoc Of Ca School Admin					676.20		0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
<b>Total</b>			-	-	522.88	-	706.19	90.60	0.535	48.47

<b>Grand Total</b>	<b>\$ 1,277.54</b>
<b>Charged Amount</b>	<b>\$ 1,277.54</b>
<b>Net Due Employee</b>	<b>\$ 48.47</b>

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.