Expense Report/ Reimbursement Form 2016-2017

Name:

)epartment/P	Approved By:	Ch Net		Total						3/6/2017	3/21/201/	3/23/2017	3/23/2017	3/21/2017	3/21/2017	3/21 - 3/23		<u>Date</u>	e.
Department/Program Name & #:		Charged Amount Net Due Employee Tature: Tature: Charged Amount S The charged Amount The charged Amount	Grand Total							Dr. Magee	Dr. Magee	Dr. Magee	Dr. Magee	Dr. Magee	Dr. Magee	Dr. Magee		<u>Vendor</u>	DI. MOGee
		3 502.74 3 21.20	257.07				CAD I			round trip)	TOXI HOLLE TO LAX SOCIOINELLO COSA	Taxi From LAX to Home	Taxi From Hyatt Hotel to Airport	Taxi Sacramento Airport to Hyatt Hotel	Taxi Home to Airport	Hyatt Regency Sacramento (CCSA Conference)		<u> Description</u>	
		•															4350	Office Supplies	•
																	4310	is O	Date:
				87 179								44.62	52.86	39.60		504.60	5220	Confer- ences	3/30/2017
	Date: 3/31/17																5920	Comm/ Postage	
	3/31/1		21.20	20.10							21.26							Other*	
	7																	Business <u>Miles</u>	P.O. #
			0.000	0 636	0.535	0.535	0.535	0.535	0.535	0.535	0.535	0.535	0.535	0.535	0.535	0.535		Business Rate Per <u>Miles Mile</u>	
			,		-	ī	î	-	-	1	1		1	1	ï	1	5210	Total <u>Mileage</u>	

^{*-}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.