

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

Name: Dr. Magee Date: 3/30/2017 P.O. # \_\_\_\_\_

Date	Vendor	Description	Office Supplies	Classroom Materials	Conferences	Comm/Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
3/21 - 3/23	Dr. Magee	Hyatt Regency Sacramento (CCSA Conference)			504.60				0.535	-
3/21/2017	Dr. Magee	Taxi Home to Airport							0.535	-
3/21/2017	Dr. Magee	Taxi Sacramento Airport to Hyatt Hotel			39.60				0.535	-
3/23/2017	Dr. Magee	Taxi From Hyatt Hotel to Airport			52.86				0.535	-
3/23/2017	Dr. Magee	Taxi From LAX to Home			44.62				0.535	-
3/21/2017	Dr. Magee	Taxi Home to LAX Sacramento CCSA					21.26		0.535	-
3/6/2017	Dr. Magee	LCAP Strategy Workshop Commerce, CA (PCHS round trip)							0.535	-
4/5/2017	Dr. Magee	Jeb Wallace & Keith Dell'Aquila CCAS, Beverly Hills - Bedford and Burns (PCHS round trip)					21.80		0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	641.68	-	43.06	-	0.535	-

Grand Total	\$	684.74
Charged Amount	\$	684.74
Net Due Employee	\$	43.06

Employee Signature: Sam Magee

Approved By: \_\_\_\_\_

Date: 3/27/17

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.