Expense Report/ Reimbursement Form
2016-2017

Name: Dr. Magee

Date: 4/18/2017

P.O. #

Date	Vendor	Description	Office Supplies	Classroom Materials	Confer-ences	Comm/ Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
10/17 - 5/11/	Dr. Magee	Curriculum Council, Admin Mtgs. (Multiple Meetings)					113.43		0.535	-
5/12/2017	Dr. Magee	LAUSD (LAAC) Meeing (Los Angeles) round-trip from PCHS						42.80	0.535	22.90
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	-	-	113.43	42.80	0.535	22.90

Grand Total	**$**	**136.33**
Charged Amount	**$**	**136.33**
Net Due Employee	**$**	**136.33**

Employee Signature: Pam 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.

Rev. 09/14