Expense Report/ Reimbursement Form
2016-2017

Name: Dr. Pamela Magee Date: 5/31/2017 P.O. # 2326

Date	Vendor	Description	Office Supplies	Classroom Materials	Confer-ences	Comm/ Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
5/30/2017	Dr. Magee	LAUSD COP Ex Council Mandatory, Downtown Los Angeles (round-trip from PCHS)						39.80	0.535	21.29
									0.535	-
6/15/2017	Dr. Magee	Los Angeles Advocacy Council (LAAC) Meeting for June (round-trip from PCHS Wilshire Blvd.						37.60	0.535	20.12
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	-	-	-	77.40	0.535	41.41

Grand Total	**$**	**41.41**
Charged Amount	**$**	**41.41**
Net Due Employee	**$**	**41.41**

Employee Signature: Pam Magee

Approved By:_____ **Date:**_____

Department/Program Name & #: Pam Magee

***-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.

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