Expense Report/ Reimbursement Form
2016-2017

Name: Dr. Pamela Magee

Date: 6/16/17 - 7/18/2017

P.O. # 2484

Date	Vendor	Description	Office Supplies	Classroom Materials	Confer-ences	Comm/ Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
6/28/2017	Dr. Magee	CTEIG Symposium: CTE Pathways Gateway to Global Success, LACOE, Downey 90242 (round-trip from PCHS)						60.60	0.535	32.42
7/12/2017	Dr. Magee	Curriculum Council, Admin Mtgs. (Multiple Meetings) Food on Corp. Credit Card					94.21		0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	-	-	94.21	60.60	0.535	32.42

Grand Total	**$**	**126.63**
Charged Amount	**$**	**126.63**
Net Due Employee	**$**	**32.42**

Employee Signature: Pam Magee

Approved By:

Date: 7/23/2017

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.

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