

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

Name: Dr. Pamela Magee

Date: 10/11/2017

P.O. # _____

Date	Vendor	Description	Office		Confer-	Comm/	Other*	Business	Rate Per	Total
			Supplies	Classroom						
			4350	4310	5220	5920				5210
10/3/2017	Dr. Magee	Admin Curriculum, Dept. Chair Meeting Materials/Corporate Card purchase					15.98		0.535	-
10/12/2017	Dr. Magee	Diversity Pledge Framed Document (materials on corporate card) framing from Aaron Brothers					\$66.15		0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	-	-	82.13	-	0.535	-

Grand Total	\$	82.13
Charged Amount	\$	82.13
Net Due Employee	\$	-

Employee Signature: _____

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.