

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

Name: Dr. Pamela Magee

Date: 11/7/2017

P.O. # \_\_\_\_\_

| <u>Date</u>  | <u>Vendor</u> | <u>Description</u>   | <u>Office<br/>Supplies</u> | <u>Classroom<br/>Materials</u> | <u>Confer-<br/>ences</u> | <u>Comm/<br/>Postage</u> | <u>Other*</u> | <u>Business<br/>Miles</u> | <u>Rate Per<br/>Mile</u> | <u>Total<br/>Mileage</u> |
|--------------|---------------|--|----------------------------|--------------------------------|--------------------------|--------------------------|---------------|---------------------------|--------------------------|--------------------------|
|              |               |  | 4350                       | 4310                           | 5220                     | 5920                     |               |                           |                          | 5210                     |
| 10/16/2017   | Dr. Magee     | Cybercrime prevention symposium (round trip from PCHS),<br>1000 N. Alameda Street, Los Angeles       |                            |                                |                          |                          |               | 32.80                     | 0.535                    | 17.55                    |
| 11/1/2017    | Dr. Magee     | Los Angeles Advocacy Council (Nov Mtg) (round trip from<br>PCHS). 250 E. 1st Street, Los Angeles, CA |                            |                                |                          |                          |               | 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                    | -                        |
|              |               |  |                            |                                |                          |                          |               |                           | 0.535                    | -                        |
|              |               |  |                            |                                |                          |                          |               |                           | 0.535                    | -                        |
| <b>Total</b> |               |  | -                          | -                              | -                        | -                        | -             | 75.60                     | 0.535                    | 40.45                    |

|                         |           |              |
|-------------------------|-----------|--------------|
| <b>Grand Total</b>      | <b>\$</b> | <b>40.45</b> |
| <b>Charged Amount</b>   | <b>\$</b> | <b>40.45</b> |
| <b>Net Due Employee</b> | <b>\$</b> | <b>40.45</b> |

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.