Expense Report/ Reimbursement Form 2016-2017

Name:	Dr. Pamela Magee		_	Date:	11/7/2017		1	P.O. #		
			Office	Classroom	Confer-	Comm/		Business	Rate Per	Total
<u>Date</u>	<u>Vendor</u>	<u>Description</u>	Supplies		ences	<u>Postage</u>	Other*	Miles	<u>Mile</u>	<u>Mileage</u>
			4350	4310	5220	5920				5210
		Curriculum Council, Admin Meetings (on school credit								
10/16/2017	Dr. Magee	card)					\$57.72		0.535	-
		Curriculum Council, Admin Meetings (on school credit								
10/26/2017	Dr. Magee	card)					\$32.87		0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	_
									0.535	_
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	-	-	90.59	-	0.535	-
	Grand Total	\$ 90.59	1							
	Charged Amount	\$ 90.59	I							
	Net Due Employee	-								
Employee S	ignature:									

Date:_____

Approved By:_____

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.