Expense Report/ Reimbursement Form
2016-2017

Name: Dr. Pamela Magee Date: 12/122017 P.O. # _____

Date	Vendor	Description	Office Supplies 4350	Classroom Materials 4310	Confer-ences 5220	Comm/ Postage 5920	Other*	Business Miles	Rate Per Mile	Total Mileage 5210
11/8/2017	Dr. Magee	Simmons deposition Yedidsion, Sebrr, Yedidsion (round trip from PCHS to Beverly Hills)						26.00	0.535	13.91
11/9/2017	Dr. Magee	LAUSD Cop Team Mtg. (round trip from PCHS to Los Angeles Beaudry)						41.80	0.535	22.36
11/16/2017	Dr. Magee	CTE Conference /Rancho Las Palmas (round trip from PCHS to 92270 Las Palmas)						283.90	0.535	151.89
									0.535	-
10/23 - 10/24	Dr. Magee	CCSA Conference San Francisco (round trip from Santa Monica to LAX) - CCSA sent a check to cover hotel/mileage. See attached.						17.20	0.535	9.20
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	-	-	-	368.90	0.535	197.36

Grand Total	**$**	**197.36**
Charged Amount	**$**	**197.36**
Net Due Employee	**$**	**197.36**

Employee Signature: Pam Magee Part 1 PART 1

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.

Rev. 09/14