

**Expense Report/ Reimbursement Form
2018**

Name: Dr. Pamela Magee Date: 1/3/2018 P.O. # _____

Date	Vendor	Description	Office Supplies 4350	Classroom Materials 4310	Conferences 5220	Comm/Postage 5920	Other*	Business Miles	Rate Per Mile	Total Mileage
12/11/2017	Dr. Magee	Sp Education Seminar Pasadena (round trip from PCHS) 180 N. Fair Oaks, Pasadena						65.00	0.535	34.78
12/11/2017	Dr. Magee	Sp Education Seminar Pasadena (round trip from PCHS) 180 N. Fair Oaks, Pasadena						65.00	0.535	34.78
1/10/2018	Dr. Magee	LAAC January Mtg. (round trip from PCHS) 250 E. 1st Street Los Angeles						42.80	0.535	22.90
1/17/2018	Dr. Magee	School Svcs. Budget Presentation - Pomona, Sheraton Fairplex Hotel (round trip from PCHS)						99.60	0.535	53.29
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
									0.535	-
Total			-	-	-	-	-	272.40	0.535	145.73

Grand Total	\$	145.73
Charged Amount	\$	145.73
Net Due Employee	\$	145.73

Employee Signature: _____

Approved By: _____

Department/Program Name & #: _____

Date: _____

*- 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.