## **Palisades Charter High School**

## Expense Report/ Reimbursement Form 2018 Calendar Year

Name:	Pamela Magee			Date:	Date: 2/27/2018		1	P.O. #		•
<b>-</b>										
			Office	Classroom	Confer-	Comm/			Rate Per	Total
<u>Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Supplies</u>	<u>Materials</u>	<u>ences</u>	<u>Postage</u>	Other*	<u>Miles</u>	<u>Mile</u>	<u>Mileage</u>
			4350	4310	5220	5920				5210
									0.545	-
1/31/2018	Dr. Magee	CAASPP Pasadena (round trip from PCHS)			\$13.00			75.20	0.545	40.98
2/8/2018	Dr. Magee	All Council/LAUSD Operated Programs Team (West Hills, round trip from PCHS)						54.60	0.545	29.76
2/14/2018	Dr. Magee	RSDSS Strategies _ Alhambra (round trip from PCHS)						60.80	0.545	33.14
2/4/2008	Dr. Magee	Curriculum Meetings (on school card)					\$29.56		0.545	-
1/31/2018	Dr. Magee	CAASPP Pasadena (round trip from PCHS)							0.545	-
2/14/2018	Dr. Magee	RSDSS Strategies _ Alhambra (round trip from PCHS)			\$9.50				0.545	-
2/7/2018	Dr. Magee	Curriculum Meetings (on school card)					\$21.23		0.545	-
2/7/2018	Dr. Magee	Curriculum Meetings (on school card)					\$24.80		0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	22.50	-	75.59	190.60	6.54	103.88
	Grand Total	\$ 201.97	7							
			4							
	Charged Amount Net Due Employee	\$ 75.59 \$ 126.38	-							

Employee Signature:	 	_	
Approved By:	 		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.

Department/Program Name & #:\_\_\_\_\_