

**Palisades Charter High School**  
**Expense Report/ Reimbursement Form**  
**2018 Calendar Year**

Name: Pamela Magee

Date: 4/17/2018

P.O. #

Date	Vendor	Description	Office Supplies	Classroom Materials	Conferences	Comm/Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
4/3/2018	Dr. Magee	LAUSD Charter Board Mtg. LAAC Beaudry LA (round-trip from PCHS) re: CSD oversite reforms	4350	4310	5220	5920		38.00	0.545	20.71
4/4/2018	Dr. Magee	LAAC (Los Angeles - April Mtg.) Round-trip from PCHS						38.00	0.545	20.71
4/12/2018	Dr. Magee	LAUSD COP Team Lead Dixon Beaudry LA (round-trip from PCHS)						38.00	0.545	20.71
4/4/2018	Dr. Magee	Parking LAAC Meeting CCSA Office					\$5.00		0.545	-
4/3/2018	Dr. Magee	Parking - LAUSD Bd. Meeting					\$8.00		0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
<b>Total</b>							13.00	114.00	6.54	62.13

Grand Total	\$	75.13
Charged/CASH Amount	\$	13.00
Net Due Employee	\$	88.13

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.**