

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
3/20/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.	4350	4310	5220	5920	\$30.00		0.545	5210
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total							30.00		6.54	-

Grand Total	\$	30.00
Charged Amount	\$	30.00
Net Due Employee	\$	-

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.