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

Name: Pamela Magee
Date: 5/15/2018
P.O. #

Department	Approved By:	Employee Signature:				1010	Total										4/26/2018		4/24/2018		Date	
Department/Program Name & #:	y:	ignature:	Net Due Employee	Charged/CASH Amount	Grand Total												4/26/2018 Dr. Magee		4/24/2018 Dr. Magee		Vendor	
			\$ 52.54	\$	\$ 52.54												PCHS to Alhambra)700 S. Almansor street		PCHS to Los Angeles) UCLA Extension		<u>Description</u>	
			_		_	1														4350	Supplies	Office
																				4310	Materials	Classroom
						t														5220	1	Confer-
	Date:																			5920	Postage	Comm/
						ı															Other*	
	1					96.40											58.40		38.00		Miles	Business Rate Per
						6.54		0.545	0.545	0.545	0.545	0.545	0.545	0.545	0.545	0.545	0.545	0.545	0.545		Mile	Rate Per
						52.54		ī	1	1	1	1	î.	1		E	31.83	Е	20.71	5210	Mileage	Total

^{*-}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.