

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

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

Date	Vendor	Description	Office Supplies	Classroom Materials	Conferences	Comm/Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
3/20/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.Materials/Food					\$31.00		0.545	-
4/3/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.Materials/Food					\$24.07		0.545	-
4/18/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.Materials/Food					\$15.16		0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
<b>Total</b>			-	-	-	-	70.23	-	6.54	-

Grand Total	\$ 70.23
Charged Amount	\$ 70.23
Net Due Employee	\$ -

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

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.