

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

Name: Pamela Magee

Date: 6/5/2018

P.O. # _____

<u>Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Office Supplies</u>	<u>Classroom Materials</u>	<u>Conferences</u>	<u>Comm/Postage</u>	<u>Other*</u>	<u>Business Miles</u>	<u>Rate Per Mile</u>	<u>Total Mileage</u>
			4350	4310	5220	5920				5210
5/13/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.Materials/Food					\$30.95		0.545	-
									0.545	-
4/15/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.Materials/Food					\$24.48		0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	-	-	55.43	-	6.54	-

Grand Total	\$	55.43
Charged Amount	\$	55.43
Net Due Employee	\$	-

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.