Palisades Charter High School

Expense Report/ Reimbursement Form
2018 Calendar Year

Name: Pamela Magee Date: 8/28/2018 P.O. #

Date	Vendor	Description	Office Supplies	Classroom Materials	Confer-ences	Comm/ Postage	Other*	Business Miles	Rate Per Mile	Total Mileage
			4350	4310	5220	5920				5210
5/6/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.Materials/Food (school card)					$17.97		0.545	-
5/22/2018	Dr. Magee	Curriculum Council Mtg. Dept. Chair Mtgs.Materials/Food (school card)					$79.39		0.545	-
6/13/2018	Dr. Magee	LCAP Development Mtg.Materials/Food (school card)					$24.48		0.545	-
									0.545	-
7/26/2018	Dr. Magee	Curriculum Council Meeting/Food - school credit card					$37.72		0.545	-
									0.545	-
8/16/2018	Dr. Magee	Admin Meeting/Food - school credit card					$37.51		0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	-	-	197.07	-	6.54	-

Grand Total	**$**	**197.07**
Charged Amount	**$**	**197.07**
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.

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