## **Palisades Charter High School**

## Expense Report/ Reimbursement Form 2018 Calendar Year

Name:	Pamela Magee		_	Date:	9/25/2018		_			
_										
			Office	Classroom	Confer-	Comm/		Business Rate I	Per Total	
<u>Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Supplies</u>	<u>Materials</u>	<u>ences</u>	<u>Postage</u>	Other*	<u>Miles</u> <u>Mil</u>		
			4350	4310	5220	5920			5210	
		Curriculum Council Mtg. Dept. Chair								
8/23/2018	Dr. Magee	Mtgs.Materials/Food (school card) Gelsons					\$33.91	0.3	545 -	
								0.3	545 -	
								0.3	545 -	
								0.3	545 -	
								0.3	545 -	
								0.6	545 -	
	-							0.0	545 -	
								0.0	545 -	
								0.3	545 -	
								0.5	545 -	
								0.5	545 -	
								0.8	545 -	
Total			-	-	-	-	33.91	- 6	.54 -	
			•			•	•			
	Grand Total	\$ 33.91								
	Charged Amount	\$ 33.91								
	Net Due Employee	\$ -								
Employee S	ignature:									
Approved By:				Date:						

Department/Program Name & #:\_

<sup>\*-</sup>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.