

Palisades Charter High School

Expense Report/ Reimbursement Form

2018 Calendar Year

Name: Pamela Magee

Date: 9/25/2018

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
9/18/2018	Dr. Magee	CCSA LA Office Meeting (round-trip from PCHS)						37.80	0.545	20.60
9/18/2018	Dr. Magee	CCSA LA Office Meeting (Parking) Personal Card					\$5.00		0.545	-
9/18/2018	Dr. Magee	LAUSD Charter Operated Program Council Operated Programs Mtg. (Parking) Personal Card					\$8.00		0.545	-
9/20/2018	Dr. Magee	BIS Night Day 2 - 2270 South Harbor Blvd., South LA (one way trip from PCHS)						16.00	0.545	8.72
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	-	-	13.00	53.80	6.54	29.32

Grand Total	\$	42.32
Charged Amount	\$	13.00
Net Due Employee	\$	55.32

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.