Palisades Charter High School

Expense Report/ Reimbursement Form 2018 Calendar Year

Name:	Pamela Magee		_	Date: 10/16/2018				P.O. #		-
			0.00							
			Office	Classroom	Confer-	Comm/			Rate Per	Total
<u>Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Supplies</u>		<u>ences</u>	<u>Postage</u>	Other*	<u>Miles</u>	<u>Mile</u>	<u>Mileage</u>
			4350	4310	5220	5920				5210
		Ambassadors Acct., Framing Materials (on school								
9/10/2018	Dr. Magee	credit card)					110.14		0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			-	-	-	-	110.14	-	6.54	-
-		•	_	•	•	•	•		•	•

Grand Total	\$ 110.14
Charged Amount	\$ 110.14
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.