

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

Name: Pamela Magee

Date: 11/6/2018

P.O. # _____

| Date | Vendor | Description | Office Supplies | Classroom Materials | Confer- ences | Comm/ Postage | Other* | Business Miles | Rate Per Mile | Total Mileage |
|------------|-----------|--|--------------------|------------------------|------------------|------------------|--------|-------------------|---------------------|------------------|
| 10/25/2018 | Dr. Magee | Conversion Charter Leader Mtg. 11201 Herrick Ave. (round-trip from PCHS to Los Angeles) | 4350 | 4310 | 5220 | 5920 | | 58.80 | 0.545 | 32.05 |
| | | | | | | | | | | - |
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| | | | | | | | | | | - |
| | | | | | | | | | | - |
| | | | | | | | | | | - |
| Total | | | - | - | - | - | - | 58.80 | 6.54 | 32.05 |

| | | |
|------------------|----|-------|
| Grand Total | \$ | 32.05 |
| Charged Amount | \$ | - |
| Net Due Employee | \$ | 32.05 |

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.