## **Palisades Charter High School**

## Expense Report/ Reimbursement Form 2018 Calendar Year

Name:	Pamela Magee		-	Date:	Date: 12/11/2018		P.O. #			i
			Office	Classroom	Confer-	Comm/		Business	Rate 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>Mile</u>	<u>Mileage</u>
			4350	4310	5220	5920				5210
									0.545	-
11/15/2018	Dr. Magee	Los Angeles Advocacy Council (LAAC) 250 E. 1st Street, Los Angeles (round trip from PCHS)						40.80	0.545	22.24
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
									0.545	-
Total			1	1				40.00	/ 5 4	22.04
Total				-	-	-	-	40.80	6.54	22.24

Grand Total	\$ 22.24
Charged Amount	\$ -
Net Due Employee	\$ 22.24

Employee Signature:		
Approved By:	Date:	
Department/Program Name & #:		

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<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.