

Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174
Rev. 07/11

See Instructions On Page 3

EMPLOYEE NAME Dwight D. Jones					
CONTACT NAME/PHONE # Elizabeth Carrero / 799-5310			PERSONNEL IDENTIFICATION NUMBER [REDACTED]		WORK LOCATION CODE 001
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) [REDACTED]					
PURPOSE OF TRAVEL OR EXPENSE Education Commission of the States Meeting; Denver, Colorado; December 11-13, 2012					
CLASSIFICATION: <input type="checkbox"/> Travel <input type="checkbox"/> Other Expense <input type="checkbox"/> Travel Advance					
<input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20____					
<input checked="" type="checkbox"/> Special trip (out of county) LEAVE (time, date) <u>7 a.m.; 12/11/12</u> RETURN (time, date) <u>8:53 a.m.; 12/13/12</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
	Superintendent Jones cancelled this trip.				
12/11/12	Airfare - Frontier Airlines		311.60		
	The stretch seating airfare option was reimbursed to CCSD				
	by Mr. Jones in the amount of \$40.00. The airfare				
	was cancelled and a credit of \$271.60 will be available for				
	future use (\$311.60 - 40.00 stretch seating = \$271.60).				
12/11/12	Lodging - Westin Hotel				
	The lodging was cancelled; there was not a charge to the				
	purchasing card.				
Page 1 TOTALS		\$0.00	\$311.60	\$0.00	0.00
Page 2 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$311.60	\$0.00	0.00
55.5 cents per mile x 0.00 = \$0.00					
Cost Center, Internal Order, Grant, WBS (Select One)		Fund	G/L Account	Functional Area*	
1010001001		1000000000	5580000000		
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE		DATE	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE		DATE	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget/Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 0.00		
			BALANCE DUE CCSD \$ 0.00		

NOTE: In all cases of payment the employee's Personnel Identification Number is required before payment can be issued.

CCSD
CLARK COUNTY
SCHOOL DISTRICT

060 *Functional Area is only required when using an Internal Order or Grant.