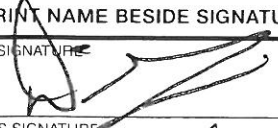
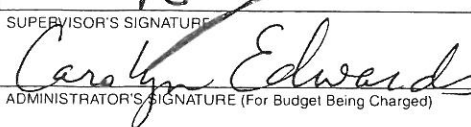


Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Page 3

EMPLOYEE NAME <p style="text-align: center;">Dwight D. Jones</p>					
CONTACT NAME/PHONE # <p style="text-align: center;">Elizabeth Carrero / 799-5310</p>		PERSONNEL IDENTIFICATION NUMBER <p style="text-align: center;">[REDACTED]</p>		WORK LOCATION CODE <p style="text-align: center;">001</p>	
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) <p style="text-align: center;">[REDACTED]</p>					
PURPOSE OF TRAVEL OR EXPENSE WestEd Meeting with Paul Koehler; Phoenix, Arizona; December 15-18, 2011					
CLASSIFICATION: <input checked="" 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>12/15/11</u> RETURN (time, date) <u>12/18/11</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
12/16/11	Fuel for Rental Car - Shell Superintendent Jones used personal funds and will be reimbursed by CCSD.			26.40	
12/16/11	Fuel for Rental Car - Danny's Gourmet Market Superintendent Jones used personal funds and will be reimbursed by CCSD.			44.40	
12/18/11	Lodging - JW Marriott Superintendent Jones used personal funds and will be reimbursed by CCSD.			294.35	
Page 1 TOTALS		\$0.00	\$0.00	\$365.15	0.00
Page 2 TOTALS		0.00	127.45	40.55	0.00
TOTALS		\$0.00	\$127.45	\$405.70	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			5580000000		
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE 		DATE <p style="text-align: center;">12-29-11</p>	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE <p style="text-align: center;">1.03.12</p>	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 405.70		
			BALANCE DUE CCSD \$ 0.00		

NOTE: In all cases of payment the employee's Personnel Identification Number is required before payment can be issued. *Functional Area is only required when using an Internal Order or Grant.



