
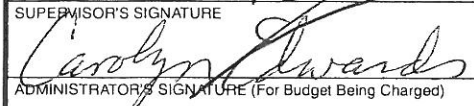


Clark County School District

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 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		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.) <div style="background-color: black; width: 100%; height: 1.2em;"></div>					
PURPOSE OF TRAVEL OR EXPENSE Governor's State of the State Address; Carson City, Nevada; January 16-17, 2013					
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>1/16/13</u> RETURN (time, date) <u>1/17/13</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/16/13	Fuel for rental car - Chevron			23.40	
	Superintendent Jones used personal funds and will be reimbursed by CCSD.				
1/16/13	Fuel for rental car - Super 7			22.85	
	Superintendent Jones used personal funds and will be reimbursed by CCSD.				
1/16/13	Fuel for rental car - Shell			34.00	
	Superintendent Jones used personal funds and will be reimbursed by CCSD.				
1/17/13	Lodging - Courtyard Marriott		141.90		
Page 1 TOTALS		\$0.00	\$141.90	\$80.25	0.00
Page 2 TOTALS		0.00	69.80	57.55	0.00
TOTALS		\$0.00	\$211.70	\$137.80	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 1.28.13	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 1.29.13	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 137.80		
			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.

