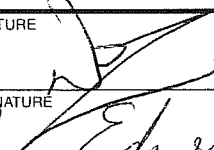
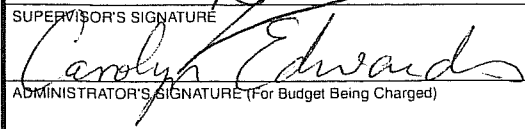


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Page 3

CCF-174
 Rev. 01/13

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 Council of Great City Schools Executive Committee Meeting; Miami, Florida; January 24-27, 2013 (trip cancelled)					
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>11 p.m.; 1/24/13</u> RETURN (time, date) <u>9:35 a.m.; 1/27/13</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/24/13	Airfare - American Airlines - Airfare Cancelled The extra legroom airfare option was reimbursed to CCSD by Mr. Jones in the amount of \$78.00. The airfare was cancelled and a credit of \$409.80 will be available for future use (\$487.90 - 78.00 extra legroom = \$409.80). The extra legroom was reimbursed to CCSD. CCSD will reimburse Mr. Jones \$78.00 for the extra legroom option.		487.80		
1/24/13	Lodging - Hilton Miami Airport Hotel The reservation was cancelled and there was no cost to CCSD.				
Page 1 TOTALS		\$0.00	\$487.80	\$0.00	0.00
Page 2 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$487.80	\$0.00	0.00
56.5 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 02.08.13	AMT. REQUESTED IN ADVANCE	\$	0.00
SUPERVISOR'S SIGNATURE 		DATE 02.12.13	AMT. CLAIMED (ATTACH RECEIPTS)	\$	0.00
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE	\$	78.00
			BALANCE DUE CCSD	\$	0.00

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