9998-500174

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 #	PERSONNEL IDENTIFICATION NUMBER	WORK LOCATION CODE
Elizabeth Carrero / 799-5310	[redacted]	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 Administrators of Special Education (CASE) Conference; Scottsdale, Arizona; November 2-4, 2012

CLASSIFICATION: ☐ Travel ☐ Other Expense ☐ Travel Advance

☐ Accumulated travel, normal duties, for the month of _____, 20____

☑ Special trip *(out of county)* LEAVE (time, date) 11/2/12 RETURN (time, date) 11/4/12

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
	Superintendent Jones cancelled this trip due to the need to				
	meet with the governor regarding the Race to the Top grant.				
10/17/12	Registration Fee - CASE		575.00		
11/2/12	Rental Car - Hertz Rent-A-Car		30.91		
	The rental car was picked up on November 1 and returned				
	the following morning.				
	Page 1 TOTALS	$0.00	$605.91	$0.00	0.00
	Page 2 TOTALS	0.00	0.00	0.00	0.00
	TOTALS	$0.00	$605.91	$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 12-3-12

SUPERVISOR'S SIGNATURE _____ DATE 12-5-12

ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) _____ DATE

AMT. REQUESTED IN ADVANCE	$	0.00
AMT. CLAIMED (ATTACH RECEIPTS)	$	0.00
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.

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

CCSD CLARK COUNTY SCHOOL DISTRICT