

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 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 Council of Great City Schools (CGCS) Fall Conference; Indianapolis, Indiana; October 16-21, 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) 8:30 a.m.; 10/16/12 RETURN (time, date) 8:40 a.m.; 10/21/12					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
10/16/12	Airfare - Southwest Airlines		1,115.60		
	The business select airfare option was used. Mr. Jones				
	reimbursed CCSD \$56.00; the difference between business				
	select and the lowest priced option (\$28.00 each way).				
10/16/16	Transportation - A-United Taxi Service		38.00		
	Taxi service from the airport to the hotel. The \$3.00 tip				
	charge was reimbursed to CCSD by Mr. Jones.				
10/20/12	Meal Charge - Cafe Patachou Park Place		21.81		
	This charge was reimbursed by Mr. Jones.				
10/21/12	Lodging - Marriott		1,023.75		
Page 1 TOTALS		\$0.00	\$2199.16	\$0.00	0.00
Page 2 TOTALS		0.00	54.00	0.00	0.00
TOTALS		\$0.00	\$2,253.16	\$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.

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

