

Clark County School District

MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174
Rev. 07/11

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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 Education Sector Orientation and Board Meeting; Washington, D.C.; October 2-5, 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) 7:40 a.m.; 10/2/12 RETURN (time, date) 10:15 a.m.; 10/5/12					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
10/2/12	Airfare and Extra Leg Room - United Airlines		872.60		
	The Education Sector will reimburse CCSD.				
10/2/12	Taxi - Washington Flyer		70.00		
	Transportation from the airport to the Beacon Hotel				
	The Education Sector will reimburse CCSD.				
10/4/12	Per Diem - Morton's The Steakhouse		93.10		
	The Education Sector will reimburse CCSD.				
10/5/12	Lodging and Per Diem - Beacon Hotel		893.23		
	The Education Sector will reimburse CCSD.				
Page 1 TOTALS		\$0.00	\$1928.93	\$0.00	0.00
Page 2 TOTALS		0.00	129.00	0.00	0.00
TOTALS		\$0.00	\$2,057.93	\$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		
[Signature]		10-11-12			
SUPERVISOR'S SIGNATURE		DATE	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
[Signature]		10-12-12			
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. **CCSD**

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

CLARK COUNTY
SCHOOL DISTRICT

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