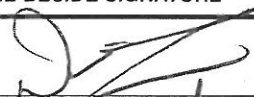
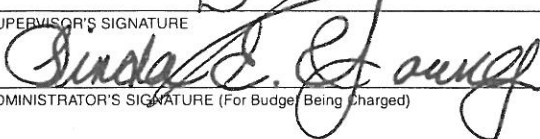


## Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Page 3

EMPLOYEE NAME <b>Dwight D. Jones</b>					
CONTACT NAME/PHONE # <b>Elizabeth Carrero / 799-5310</b>			PERSONNEL IDENTIFICATION NUMBER <b>[REDACTED]</b>		WORK LOCATION CODE <b>001</b>
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) <b>[REDACTED]</b>					
PURPOSE OF TRAVEL OR EXPENSE <b>WestEd Meeting with Paul Koehler; Phoenix, Arizona; September 7-9, 2012</b>					
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>9/7/12</u> RETURN (time, date) <u>9/8/12</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
9/7/12	Fuel for rental car - Terrible Herbst		50.20		
9/7/12	Fuel for rental car - Gold Star 2 - Exxon Mobil		40.45		
9/7/12	Dinner with Paul Koehler - Meritage Steakhouse in the JW Marriott Desert Ridge This charge will be reimbursed by the Public Education Foundation.		178.02		
9/8/12	Lodging - JW Marriott Desert Ridge		209.55		
9/8/12	Fuel for rental car - Shell		8.26		
9/8/12	Rental Car - Hertz Rent-A-Car		83.46		
<b>Page 1 TOTALS</b>		\$0.00	\$569.94	\$0.00	0.00
<b>Page 2 TOTALS</b>		0.00	0.00	0.00	0.00
<b>TOTALS</b>		\$0.00	\$569.94	\$0.00	0.00
<b>55.5 cents per mile x</b> 0.00    =    \$0.00					
Cost Center, Internal Order, Grant, WBS (Select One)		Fund	G/L Account	Functional Area*	
1010001001		1000000000	5580000000		
<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>					
EMPLOYEE'S SIGNATURE 		DATE <b>9-17-12</b>	AMT. REQUESTED IN ADVANCE    \$    0.00		
SUPERVISOR'S SIGNATURE 		DATE <b>9-18-12</b>	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. **CCSD**

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