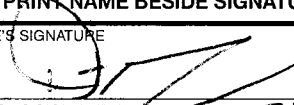
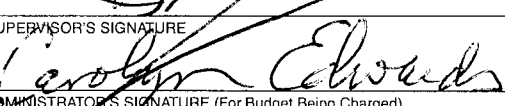


Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Page 3

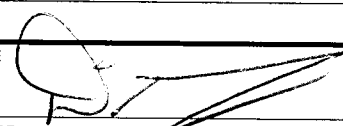

EMPLOYEE NAME <p style="text-align: center;">Dwight D. Jones</p>					
CONTACT NAME/PHONE # <p style="text-align: center;">Elizabeth Carrero/799-5310</p>		PERSONNEL IDENTIFICATION NUMBER <p style="text-align: center;">[REDACTED]</p>		WORK LOCATION CODE <p style="text-align: center;">001</p>	
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) <p style="text-align: center;">[REDACTED]</p>					
PURPOSE OF TRAVEL OR EXPENSE Meeting with Governor Sandoval; Carson City, Nevada; January 7, 2011					
CLASSIFICATION: <input checked="" 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>8:00 a.m.; 1/7/11</u> RETURN (time, date) <u>5:15 p.m.; 1/7/11</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/7/11	Airfare - Southwest Airlines (original charge)		363.40		
1/7/11	Reimbursement to CCSD from Superintendent Jones: \$30 reimbursement made for business select airfare option - round-trip.		-30.00		
1/7/11	Reimbursement to CCSD from Southwest Airlines: \$15 refund made by Southwest Airlines for inability to accommodate business select airfare option - one way, Reno to Las Vegas. Superintendent Jones paid for this option; he will be reimbursed for this amount by CCSD.		-15.00		
1/7/11	CCSD Reimbursement to Superintendent Jones: \$15 refund due to Southwest Airlines reimbursement to CCSD.			15.00	
Page 1 TOTALS		\$0.00	\$318.40	\$15.00	0.00
Page 2 TOTALS		0.00	0.00	12.00	0.00
TOTALS		\$0.00	\$318.40	\$27.00	0.00
50 cents per mile x <u>0.00</u> = <u>\$0.00</u>					
Cost Center, Internal Order, Grant, WBS (Select One) <p style="text-align: center;">1010001001</p>		Fund	G/L Account <p style="text-align: center;">5580000000</p>	Functional Area*	
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE 		DATE <p style="text-align: center;">1/31/11</p>	AMT. REQUESTED IN ADVANCE \$ <u>0.00</u>		
SUPERVISOR'S SIGNATURE 		DATE <p style="text-align: center;">2-02-11</p>	AMT. CLAIMED (ATTACH RECEIPTS) \$ <u>0.00</u>		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ <u>27.00</u>		
			BALANCE DUE CCSD \$ <u>0.00</u>		

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
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Page 3

EMPLOYEE NAME Dwight D. Jones		CONTACT NAME/PHONE # Elizabeth Carrero/799-5310			
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/7/11	Parking - McCarran International Airport:			12.00	
	Paid with personal funds; \$12 will be reimbursed to Superintendent Jones.				
TOTALS PAGE 2		0.00	0.00	12.00	0.00
EMPLOYEE'S SIGNATURE		DATE	1/31/11		
SUPERVISOR'S SIGNATURE		DATE	2.02.11		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE			

NOTE: In all cases of payment the employee's Personnel Identification Number must be entered before payment can be issued.