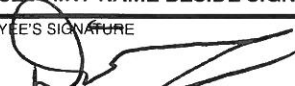
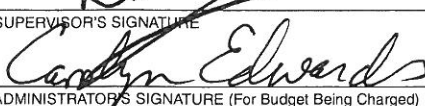


Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

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 Special Meeting of the CCSD Board of Trustees (Board Retreat); Laughlin, Nevada; February 4-5, 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>2/4/11</u> RETURN (time, date) <u>2/5/11</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
2/4/11	Mileage - CCSD Administrative Center to Harrah's Laughlin at 2900 South Casino Drive, Laughlin, Nevada, 89029 (101.36 miles x .51 = \$51.69)				101.36
2/4/11	Lodging - Harrah's Laughlin		49.00		
2/5/11	Mileage - Harrah's Laughlin at 2900 South Casino Drive, Laughlin, Nevada, 89029 to CCSD Administrative Center (101.36 miles x .51 = \$53.23)				101.36
	CCSD Reimbursement to Superintendent Jones: \$103.39 to be reimbursed for mileage.				
Page 1 TOTALS		\$0.00	\$49.00	\$0.00	202.72
Page 2 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$49.00	\$0.00	202.72
51 cents per mile x 202.72 = \$103.39					
Cost Center, Internal Order, Grant, WBS (Select One)		Fund	G/L Account	Functional Area*	
1010001001			5580000000		
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE 		DATE <u>2-28-11</u>	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE <u>3.02.11</u>	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 103.39		
			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.