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

See Instructions On Page 3

EMPLOYEE	NAME Dwight D	. Jones			100000000000000000000000000000000000000			
II			PERSONNEL IDENTIFICATION NUMBER				WORK LOCATION CODE	
Elizabeth Carrero / 799-5310  MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with			the address as it appears on your payroll stub.)					
	FTRAVEL OR EXPENSE with Senator Horsford; Reno, Nevada; February 7-8,	2011						
CLASSIFIC	ATION: Travel Ot	her Expense	9		☐ Travel	Advance		
	umulated travel, normal duties, for the month of							
<b>▼</b> Spe	cial trip (out of county) LEAVE (time, date)2/7/11		_RETURN (t	ime, d	late)	2/8/11		
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE		PER DIEN		DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES	
2/4/11	Airfare - Southwest Airlines (original charge)				416.40			
2/5/11	Reimbursement to CCSD from Southwest Airlines:				-15.00			
	\$15 refund given for removing the business select a	airfare						
	option.							
2/7/11	Reimbursement to CCSD from Southwest Airlines:				-401.40			
	Superintendent Jones drove his personal vehicle ra	ther than						
	utilize this airfare.							
2/7/11	Mileage - CCSD Administrative Center to Meeting w	vith					445.79	
	Senator Horsford at 401 S. Carson Street, Carson C	City,						
	Nevada, 89701 (445.79 miles x .51 = 227.35)							
	Page 1 TOTALS			0.00	\$0.00	\$0.00	445.79	
	Page 2 TOTALS		0	0.00	55.99	0.00	436.49	
	TOTA	ALS	\$0	.00	\$55.99	\$0.00	882.28	
	51 cents per mile x882.28 =	\$449.96						
Cost Center, Internal Order, Grant, WBS (Select One)		F	und	G/	L Account	Function	al Area*	
1010001001				5580000000				
PLEASE PR	INT NAME BESIDE SIGNATURE							
EMPLOY LE'S SIGNATURE			,		AMT. REQUESTED IN ADVANCE	\$		
SUPERVISOR'S	SIGNATURE CALL	X8/// PATE		AMT. CLAIMED (ATTACH RECEIPTS) \$				
ADMINISTRATOR	RYS SIGNATURE (For Budget Being Charged)	3.02. DATE	11	$\dashv$	BALANCE DUE EMPLOYEE	\$	401.40	
. 32	<i>V</i>				BALANCE DUE CCSD	\$		

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

See Instructions On Page 3

EMPLOYEE	MPLOYEE 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			
2/7/11	Mileage - Senator Horsford Meeting at 401 S. Carson				124.00			
	Street, Carson City, Nevada, 89701 to El Capitan Lodge &							
	Casino at 540 F Street, Hawthorne, Nevada, 89415							
	(124 miles x .51 = \$63.24)							
2/7/11	Lodging - Best Western Hi-Desert Inn		104.63					
	Weather and road conditions required Superintendent							
	Jones to stop and lodge prior to arriving at this location.							
2/7/11	Refund from Best Western Hi-Desert Inn:		-104.63					
2/7/11	Lodging - El Capitan Lodge & Casino		55.99					
2/8/11	Mileage - El Capitan Lodge & Casino at 540 F Street,				312.49			
	Hawthorne, Nevada, 89415 to CCSD Administrative Center							
	(312.49 miles x .51 = \$159.37)							
100-100-00-00-00-00-00-00-00-00-00-00-00	CCSD Reimbursement to Superintendent Jones:							
	\$401.40 to be reimbursed for mileage. Although mileage							
	reimbursement totaled \$449.96, the cost of the roundtrip							
	airfare at \$401.40 is the lesser allowable amount							
	according to CCSD Regulation 3511.							
	TOTALS PAGE 2	0.00	55.99	0.00	436.49			
MPLOYIE'S SI	GNATURE DATE			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
UPERVISOR'S  DMINISTRATO	SIGNATURE Edward 3.02 R'SKIGNATURE (For Budget Being Charged)  DATE  DATE	1/						