
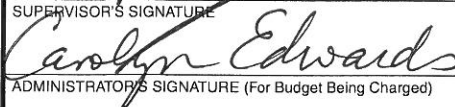


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Page 3

EMPLOYEE NAME Dwight D. Jones					
CONTACT NAME/PHONE # Elizabeth Carrero / 799-5310		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 Research and Development (ERDI) Conference; Denver, Colorado; February 11-17, 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>3:40 p.m.; 2/11/11</u> RETURN (time, date) <u>7:39 a.m.; 2/17/11</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
2/11/11	Airfare - Frontier Airlines		189.40		
	Lodging was arranged and paid for by ERDI.		0.00		
Page 1 TOTALS		\$0.00	\$189.40	\$0.00	0.00
Page 2 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$189.40	\$0.00	0.00
51 cents per mile x 0.00 =		\$0.00			
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 2-28-11	AMT. REQUESTED IN ADVANCE	\$	0.00
SUPERVISOR'S SIGNATURE 		DATE 3.02.11	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. CLARK COUNTY SCHOOL DISTRICT