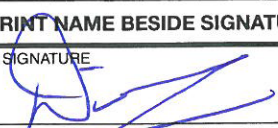
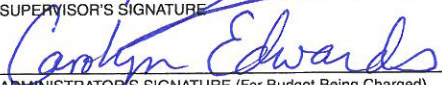


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174
Rev. 01/11

See Instructions On Page 3

EMPLOYEE NAME <div align="center">Dwight D. Jones</div>					
CONTACT NAME/PHONE # <div align="center">Elizabeth Carrero / 799-5310</div>		PERSONNEL IDENTIFICATION NUMBER <div align="center">[REDACTED]</div>		WORK LOCATION CODE <div align="center">001</div>	
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 Meeting with Senator Harry Reid; Washington, D. C.; March 1-2, 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 type="checkbox"/> Special trip (out of county) LEAVE (time, date) <u>3/1/11</u> RETURN (time, date) <u>3/3/11</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
3/1/11	Airfare - Frontier Airlines - Meeting with Senator Harry Reid		929.80		
	March 2, 2011				
Page 1 TOTALS		\$0.00	\$929.80	\$0.00	0.00
Page 2 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$929.80	\$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*	
101000 1001			558000000		
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE		DATE	AMT. REQUESTED IN ADVANCE \$		
		3-24-11			
SUPERVISOR'S SIGNATURE		DATE	AMT. CLAIMED (ATTACH RECEIPTS) \$		
		3.25.11			
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$		
			BALANCE DUE CCSD \$		

NOTE: In all cases of payment the employee's **Personnel Identification Number** is required before payment can be issued.

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