9998-500174

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174
Rev. 01/11

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: Legislative Meeting; Carson City, Nevada; April 20, 2011

CLASSIFICATION: ☑ Travel ☐ Other Expense ☐ Travel Advance

☐ Accumulated travel, normal duties, for the month of _____, 20____

☐ Special trip *(out of county)* LEAVE (time, date) 4/19/11 RETURN (time, date) 4/24/11

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
4/19/11	Fuel for rental car - Scotty's Food Mart		41.95		
4/20/11	Lodging - Courtyard Marriott		102.30		
4/24/11	Rental Car - Hertz Rent-A-Car Superintendent Jones		51.99		
	utilized a rental car to drive from Las Vegas to Carson City				
	for this trip. The car was then used for his trip from Carson				
	City to San Francisco, California for the West Ed Board				
	Meeting. The total charge of $259.97 was divided between				
	CCSD and West Ed. The Legislative Meeting took place				
	for one day and CCSD will pay this charge				
	(259.97 / 5 = $51.99). West Ed will reimburse the remaining				
	balance of $207.98.				
	Page 1 TOTALS	$0.00	$196.24	$0.00	0.00
	Page 2 TOTALS	0.00	0.00	0.00	0.00
	TOTALS	$0.00	$196.24	$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: [signature] DATE: 6-2-11

SUPERVISOR'S SIGNATURE: Carolyn Edwards DATE: 6.02.11

ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) DATE:

AMT. REQUESTED IN ADVANCE	$	0.00
AMT. CLAIMED (ATTACH RECEIPTS)	$	0.00
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.

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

CCSD CLARK COUNTY SCHOOL DISTRICT