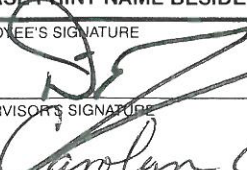
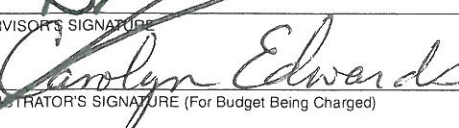


**Clark County School District**  
**MILEAGE/TRAVEL/EXPENSE CLAIM**  
 See Instructions On Page 3

CCF-174  
Rev. 01/11

EMPLOYEE NAME <div align="center">Dwight D. Jones</div>					
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 West Ed Board Meeting; San Francisco, California; April 20-23, 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) 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
4/20/11	Fuel for rental car - Arco (Superintendent Jones paid cash and will be reimbursed by West Ed.)			16.00	
4/20/11	Room Service - W. San Francisco (to be reimbursed by West Ed)		42.05		
4/23/11	Parking - W. San Francisco (to be reimbursed by West Ed)		164.25		
4/23/11	Lodging was arranged and paid for by West Ed.				
4/23/11	Fuel for rental car - Shell (Superintendent Jones used his personal credit card and will be reimbursed by West Ed.)			33.80	
Since the WestEd reimbursement check was written to the Office of the Superintendent, Clark County School District, there is no balance to CCSD; therefore, Mr. Jones will receive a reimbursement of \$49.78 from CCSD.		<b>Page 1 TOTALS</b>	\$0.00	\$206.30	\$49.80
		<b>Page 2 TOTALS</b>	0.00	207.98	0.00
		<b>TOTALS</b>	\$0.00	\$414.28	\$49.80
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 6-2-11	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 6.02.11	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 0.00		
			BALANCE DUE CCSD \$ 414.28		

**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.

