
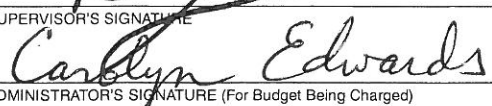


## Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Page 3

EMPLOYEE NAME <p style="text-align: center;">Dwight D. Jones</p>					
CONTACT NAME/PHONE # <p style="text-align: center;">Elizabeth Carrero / 799-5310</p>		PERSONNEL IDENTIFICATION NUMBER <p style="text-align: center;">[REDACTED]</p>		WORK LOCATION CODE <p style="text-align: center;">001</p>	
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) <p style="text-align: center;">[REDACTED]</p>					
PURPOSE OF TRAVEL OR EXPENSE Milken Institute Global Conference; Los Angeles, California; May 2-3, 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>5/2/11</u> RETURN (time, date) <u>5/3/11</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
5/3/11	Lodging - Arranged and paid by the Milken Institute		0.00		
5/3/11	Fuel for rental car - Sand Canyon Mobil Superintendent Jones used personal funds for this purchase. The Milken Institute will reimburse CCSD. CCSD will then reimburse Mr. Jones.			12.00	
5/3/11	Fuel for rental car - Lone Pine Mobil Superintendent Jones used personal funds for this purchase. The Milken Institute will reimburse CCSD. CCSD will then reimburse Mr. Jones.			36.45	
<b>Page 1 TOTALS</b>		\$0.00	\$0.00	\$48.45	0.00
<b>Page 2 TOTALS</b>		0.00	77.10	0.00	0.00
<b>TOTALS</b>		\$0.00	\$77.10	\$48.45	0.00
<b>51 cents per mile x</b> <u>0.00</u> <b>=</b> <u>\$0.00</u>					
Cost Center, Internal Order, Grant, WBS (Select One) <p style="text-align: center;">1010001001</p>		Fund	G/L Account <p style="text-align: center;">5580000000</p>	Functional Area*	
<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>					
EMPLOYEE'S SIGNATURE 		DATE <p style="text-align: center;">6-2-11</p>	AMT. REQUESTED IN ADVANCE    \$    0.00		
SUPERVISOR'S SIGNATURE 		DATE <p style="text-align: center;">6-02-11</p>	AMT. CLAIMED (ATTACH RECEIPTS)    \$    0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE    \$    48.45		
			BALANCE DUE CCSD    \$    0.00		

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

