

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.) [REDACTED]					
PURPOSE OF TRAVEL OR EXPENSE Cleveland Clinic Autism Program; Cleveland, Ohio; May 15-17, 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>6 a.m.; 5/15/11</u> RETURN (time, date) <u>10:16 a.m.; 5/17/11</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
5/3/11	Airfare - Continental Airlines		834.40		
5/15/11	Taxi - Ace Taxi Service Superintendent Jones utilized this service for transportation from the Cleveland Airport to the Intercontinental Hotel. Mr. Jones will reimburse CCSD \$5.00 of this charge which was for the tip.		38.00		
5/17/11	Lodging - Intercontinental Hotel		237.16		
5/17/11	Taxi - Comfort Transportation Superintendent Jones used personal funds for transportation from Intercontinental Hotel to the Cleveland Airport. Mr. Jones paid \$45.00, however \$5.00 was for a tip. Mr. Jones will be reimbursed \$40.00 by CCSD.			40.00	
Page 1 TOTALS		\$0.00	\$1109.56	\$40.00	0.00
Page 2 TOTALS		0.00	35.00	0.00	0.00
TOTALS		\$0.00	\$1,144.56	\$40.00	0.00
51 cents per mile x <u>0.00</u> = <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*	
PLEASE PRINT NAME BESIDE SIGNATURE					
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	\$	40.00
			BALANCE DUE CCSD	\$	5.00

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**

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DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
5/17/11	Parking - McCarran International Airport		35.00		
TOTALS PAGE 2		0.00	35.00	0.00	0.00
EMPLOYEE'S SIGNATURE 		DATE 6-2-11			
SUPERVISOR'S SIGNATURE 		DATE 6.02.11			
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE			

NOTE: In all cases of payment the employee's Personnel Identification Number must be entered before payment can be issued.

