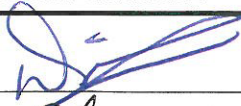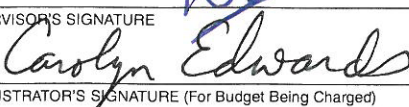**Clark County School District**
MILEAGE/TRAVEL/EXPENSE CLAIM
See Instructions On Page 3

EMPLOYEE NAME

Dwight D. Jones

CONTACT NAME/PHONE #

Elizabeth Carrero / 799-5310

PERSONNEL IDENTIFICATION NUMBER ███████

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.)

████████████████████

PURPOSE OF TRAVEL OR EXPENSE

Education Research and Development Institute (ERDI) Summer Conference; Atlanta, Georgia; July 6-10, 2011

CLASSIFICATION:
- [✓] Travel
- [ ] Other Expense
- [ ] Travel Advance
- [ ] Accumulated travel, normal duties, for the month of _____ , 20_____
- [✓] Special trip (out of county)   LEAVE (time, date) _____ 7:15 a.m.; 7/6/11 _____   RETURN (time, date) _____ 9:51 a.m.; 7/10/11 _____

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
7/6/11	Superintendent Jones arranged airfare - no charge to CCSD.				
7/10/11	Lodging - Four Seasons Hotel		178.25		
	ERDI arranged and paid for lodging for July 6-8, 2011.				
	Due to the flight schedule, one day (July 9) was charged to				
	the District and will not be reimbursed.				
	Page 1 TOTALS	$0.00	$178.25	$0.00	0.00
	Page 2 TOTALS	0.00	0.00	0.00	0.00
	TOTALS	$0.00	$178.25	$0.00	0.00
	55.5 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 9-14-11	AMT. REQUESTED IN ADVANCE $ 0.00
SUPERVISOR'S SIGNATURE *Carolyn Edwards*	DATE 9.14.11	AMT. CLAIMED (ATTACH RECEIPTS) $ 0.00
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)	DATE	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.

CCSD
CLARK COUNTY SCHOOL DISTRICT

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