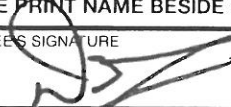
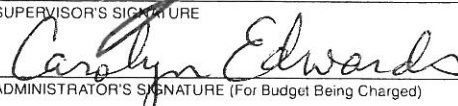


**Clark County School District**  
**MILEAGE/TRAVEL/EXPENSE CLAIM**  
 See Instructions On Page 3

EMPLOYEE NAME <div align="center">Dwight D. Jones</div>					
CONTACT NAME/PHONE # Elizabeth Carrero / 799-5310		PERSONNEL IDENTIFICATION NUMBER <div style="background-color: black; width: 100px; height: 1.2em;"></div>		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.) <div style="background-color: black; width: 100%; height: 1.2em;"></div>					
PURPOSE OF TRAVEL OR EXPENSE West Ed Board of Directors Meeting; San Francisco, California; July 20-22, 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) 7/19/25      RETURN (time, date) 7/25/11					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
7/20/11	Fuel for Rental Car - Chevron (Superintendent Jones used personal funds. West Ed will reimburse CCSD. CCSD will then reimburse Mr. Jones.)			42.25	
7/24/11	Fuel for Rental Car - Chevron (Superintendent Jones used personal funds. West Ed will reimburse CCSD. CCSD will then reimburse Mr. Jones.)			46.25	
7/24/11	Fuel for Rental Car - Circle K (Superintendent Jones used personal funds. West Ed will reimburse CCSD. CCSD will then reimburse Mr. Jones.)			26.30	
<b>Page 1 TOTALS</b>		\$0.00	\$0.00	\$114.80	0.00
<b>Page 2 TOTALS</b>		0.00	1,471.76	39.55	0.00
<b>TOTALS</b>		\$0.00	\$1,471.76	\$154.35	0.00
<b>51 cents per mile x</b> 0.00 <b>=</b>		\$0.00			
Cost Center, Internal Order, Grant, WBS (Select One)		Fund	G/L Account	Functional Area*	
1010001001			5580000000		
<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>					
EMPLOYEE'S SIGNATURE 		DATE 8-9-11	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 8.09.11	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 154.35		
			BALANCE DUE CCSD \$ 714.66		

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

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

See Instructions On Page 3

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Rev. 01/11

[illegible]

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