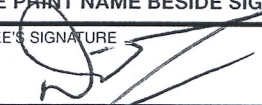
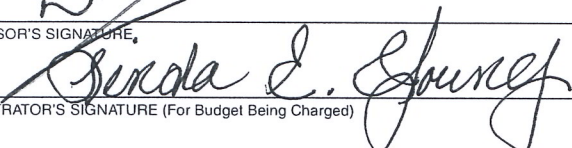


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Page 3

EMPLOYEE NAME <div align="center">Dwight D. Jones</div>					
CONTACT NAME/PHONE # <div align="center">Elizabeth Carrero / 799-5310</div>		PERSONNEL IDENTIFICATION NUMBER <div align="center">[REDACTED]</div>		WORK LOCATION CODE <div align="center">001</div>	
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 align="center">[REDACTED]</div>					
PURPOSE OF TRAVEL OR EXPENSE Pearson Education National Sales Meeting; Atlanta, Georgia; January 8-10, 2012					
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.; 1/8/12</u> RETURN (time, date) <u>12:45 p.m.; 1/10/12</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/5/12	Airfare - AirTran Airways		889.50		
	The original price was \$1,193.40. The airfare was revised				
	and a refund of \$303.90 posted on 1/13/12. The business				
	select option was used and Mr. Jones reimbursed CCSD				
	\$276.00 which was the difference in price between this option				
	and the lowest priced airfare. The actual charge to CCSD				
	is 889.50 - 276.00 = \$613.50				
1/20/12	Lodging - Marriott Hotel		321.91		
	The charges for concierge (\$8.00) and room service (\$37.83)				
	will be reimbursed by Mr. Jones.				
	Page 1 TOTALS	\$0.00	\$1211.41	\$0.00	0.00
	Page 2 TOTALS	0.00	0.00	0.00	0.00
	TOTALS	\$0.00	\$1,211.41	\$0.00	0.00
	55.5 cents per mile x <u>0.00</u> = <u>\$0.00</u>				
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	AMT. REQUESTED IN ADVANCE \$ 0.00		
		2-9-12	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
SUPERVISOR'S SIGNATURE		DATE	BALANCE DUE EMPLOYEE \$ 0.00		
		2-14-12	BALANCE DUE CCSD \$ 45.83		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE			

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