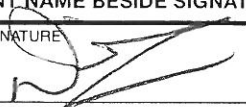
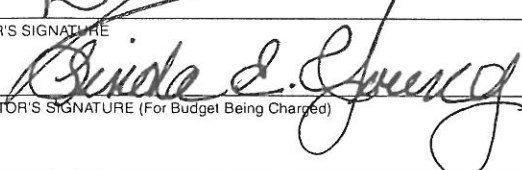


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Page 3

EMPLOYEE NAME Dwight D. Jones					
CONTACT NAME/PHONE # Elizabeth Carrero / 799-5310			PERSONNEL IDENTIFICATION NUMBER [REDACTED]		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.) [REDACTED]					
PURPOSE OF TRAVEL OR EXPENSE Education Research and Development Institute (ERDI) II Summer Conference; Chicago, Illinois; July 10-15, 2012					
CLASSIFICATION: <input 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>6:33 a.m.; 7/10/12</u> RETURN (time, date) <u>11:36 a.m.; 7/15/12</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
7/10/12	Airfare - United Airlines		657.60		
	Mr. Jones reimbursed CCSD \$138.00 for the extra leg room charges on June 21, 2012. Mr. Jones reimbursed CCSD the remaining cost of \$519.60 on August 31, 2012.				
7/10/12	Baggage - United Airlines			25.00	
	Superintendent Jones used personal funds and will be reimbursed by CCSD.				
7/10/12	Transportation - Chicago Taxi		48.05		
	Superintendent Jones utilized a taxi to travel from the airport to the hotel. Of the given charge, \$8.00 was for a tip. Mr. Jones will reimburse CCSD \$8.00.				
Page 1 TOTALS		\$0.00	\$705.65	\$25.00	0.00
Page 2 TOTALS		0.00	124.10	25.00	0.00
TOTALS		\$0.00	\$829.75	\$50.00	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		1000000000	5580000000		
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE 		DATE 9-10-12	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 9-17-12	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 50.00		
			BALANCE DUE CCSD \$ 15.85		

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.

See Instructions On Page 3

[illegible]

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