
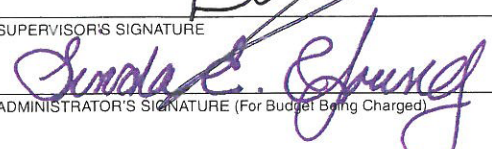


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Page 3

EMPLOYEE NAME <div align="center">Dwight D. Jones</div>					
CONTACT NAME/PHONE # Elizabeth Carrero / 799-5310		PERSONNEL IDENTIFICATION NUMBER [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 Nevada Association of School Boards (NASB) Conference; Reno, Nevada; November 17-19, 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) 11/17/11 RETURN (time, date) 11/20/11					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
11/18/11	Fuel for Rental Car - Shell			36.75	
	Superintendent Jones used personal funds and was reimbursed by CCSD.				
11/19/11	Lodging - Courtyard Marriott		106.22		
11/19/11	Fuel for Rental Car - TA Travelcenter			37.16	
	Superintendent Jones used personal funds and was reimbursed by CCSD.				
11/20/11	Fuel for Rental Car - Terrible Herbst			42.61	
	Superintendent Jones used personal funds and was reimbursed by CCSD.				
Page 1 TOTALS		\$0.00	\$106.22	\$116.52	0.00
Page 2 TOTALS		0.00	114.42	290.00	0.00
TOTALS		\$0.00	\$220.64	\$406.52	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 2-17-12	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 3/30/12	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)			BALANCE DUE EMPLOYEE \$ 136.52		
			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**

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

[illegible]

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