


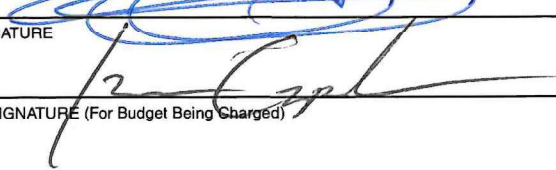
Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Page 5

CCF-174
 Rev. 1/20

| | | |
|--|---|---------------------------|
| EMPLOYEE NAME Jesus F. Jara | | |
| CONTACT NAME/PHONE # Carmen West | PERSONNEL IDENTIFICATION NUMBER 10103799 | 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.) 5100 West Sahara Avenue, Las Vegas, Nevada 89146 | | |
| PURPOSE OF TRAVEL OR EXPENSE CGCS Fall Annual Conference, Orlando, FL | | |
| 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 LEAVE (time, date) 10.18.22; 10:10 am RETURN (time, date) 10.23.22; 11:23 pm | | |

| DATE | DESCRIPTION OF TRAVEL and/or OTHER EXPENSE | PER DIEM | DISTRICT CREDIT CARD CHARGES | OTHER EXPENSES | OWN CAR MILES |
|--|---|----------|------------------------------|----------------|---------------|
| 10/18/22 | Airfare - American Airlines (Base flight paid by CCSD. All addtl changes resulting in added fees paid for by the Superintendent) | | 644.20 | | |
| 10/18/22 | Transportation-Uber to Hotel (Paid for by the Superintendent) | | | 86.21 | |
| 10/19/22 | Transportation - Uber (Paid for by the Superintendent) | | | 29.23 | |
| 10/22/22 | Lodging - Hyatt Hotel (Paid for by CCSD) | | 1,057.52 | | |
| 10/23/22 | Parking at the Harry Reid Airport (6 days) | | 108.00 | | |
| 10/18/22 | Per Diem (75% of 69.00) | 51.75 | | | |
| 10/19/22 | (B) (L) (D) Provided (I) Only | 5.00 | | | |
| 10/20/22 | (B) (L) (D) Provided (I) Only | 5.00 | | | |
| 10/21/22 | (B) (L) (D) Provided (I) Only | 5.00 | | | |
| 10/22/22 | Per Diem (75% of 69.00) | 51.75 | | | |
| Page 1 TOTALS | | \$118.50 | \$1809.72 | \$115.44 | 0.00 |
| Page 2-4 TOTALS | | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | | \$118.50 | \$1,809.72 | \$115.44 | 0.00 |
| 57.5 cents per mile x _____ 0.00 = _____ \$ 0.000 | | | | | |

| | | | |
|--|------|-------------|------------------|
| Cost Center, Internal Order, Grant, WBS (Select One) | Fund | G/L Account | Functional Area* |
| 1010001001 | 100 | 5580000000 | F10002320 |

| | | | |
|---|------------------|--------------------------------|-----------|
| PLEASE PRINT NAME BESIDE SIGNATURE | | | |
| EMPLOYEE'S SIGNATURE  | DATE 11-3-22 | AMT. REQUESTED IN ADVANCE | \$ |
| SUPERVISOR'S SIGNATURE  | DATE 11/17/22 | AMT. CLAIMED (ATTACH RECEIPTS) | \$ |
| ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) | DATE | BALANCE DUE EMPLOYEE | \$ 233.94 |
| | | BALANCE DUE CCSD | \$ |

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



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