

Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174
Rev. 1/20

See Instructions On Page 5

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 NASS Meeting/NASB Conference, Lake Tahoe, NV		
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 LEAVE (time, date) 11.10.22; 7:35 am RETURN (time, date) 11.13.22; 10:30 am		

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
11/4/22	NASB - Registration		450.00		
11/10/22	Airfare - Southwest Airlines		254.96		
11/10/22	Rental Car - Hertz - Three Day Rental		307.96		
11/13/22	Lodging - Harvey's Hotel		325.62		
11/13/22	Gas - to fill tank of rental car		48.33		
11/13/22	Parking - LAS Airport Parking		66.00		
11/10/22	Per Diem (75% of \$59)	44.25			
11/11/22	Per Diem (B)(L)(D) Provided (I) \$5	5.00			
11/12/22	Per Diem (B) \$13 (L)(D) Provided (I) \$5	18.00			
11/13/22	Per Diem (75% of \$59)	44.25			
	***\$62.10 taken from per diem to cover hotel valet (\$45) and early check in fees (\$17.10) ***	-62.10			
	Page 1 TOTALS	\$49.40	\$1452.87	\$0.00	0.00
	Page 2-4 TOTALS	0.00	0.00	0.00	0.00
	TOTALS	\$49.40	\$1,452.87	\$0.00	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	AMT. REQUESTED IN ADVANCE	\$
	11-18-22		
SUPERVISOR'S SIGNATURE	DATE	AMT. CLAIMED (ATTACH RECEIPTS)	\$
	12/8/22		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)	DATE	BALANCE DUE EMPLOYEE	\$ 49.40
		BALANCE DUE CCSD	\$

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