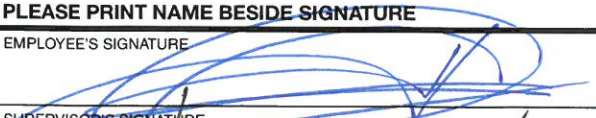



Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

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 Nevada Association of School Superintendents Meeting, Reno, 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) 5:40 am; 04.07.22 RETURN (time, date) 2:30 pm; 04.07.22					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
4/7/22	Airfare - Southwest Airlines		312.96		
4/7/22	Parking - Harry Reid (McCarran) Airport		18.00		
Page 1 TOTALS		\$0.00	\$330.96	\$0.00	0.00
Page 2-4 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$330.96	\$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 \$		
		4-27-22			
SUPERVISOR'S SIGNATURE		DATE	AMT. CLAIMED (ATTACH RECEIPTS) \$		
					
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 0.00		
			BALANCE DUE CCSD \$		

NOTE: In all cases of payment the employee's **Personnel Identification Number** is required before payment can be issued.
 *Functional Area is only required when using an Internal Order or Grant.