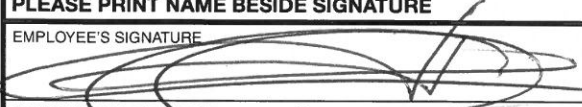
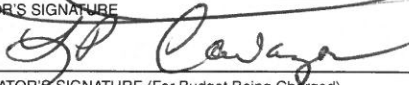


**Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM**

CCF-174
Rev. 1/20

See Instructions On Page 5

EMPLOYEE NAME Jesus F. Jara					
CONTACT NAME/PHONE # Elizabeth Carrero		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 California Association of Black School Educators Institute, Palm Springs, July 12 - 13, 2021					
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) <u>8:15 a.m., July 11, 2021</u> RETURN (time, date) <u>2:40 p.m., July 13, 2021</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
7/11/21	Airfare - Southwest Airlines (Travel Funds Partially Used)		149.48	190.02	
7/13/21	Airfare - Southwest Airlines		88.98		
7/13/21	Lodging - Omni Resorts Rancho Las Palmas		406.16		
7/12/21	Per Diem (D- 28.00, IE -\$5.00)	33.00			
7/13/21	Per Diem (75% of \$66)	49.50			
Page 1 TOTALS		\$82.50	\$644.62	\$190.02	0.00
Page 2-4 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$82.50	\$644.62	\$190.02	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 8-10-21	AMT. REQUESTED IN ADVANCE \$		
SUPERVISOR'S SIGNATURE 		DATE 8-12-21	AMT. CLAIMED (ATTACH RECEIPTS) \$		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 82.50		
			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
060 *Functional Area is only required when using an Internal Order or Grant.