

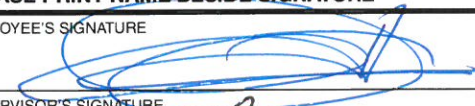
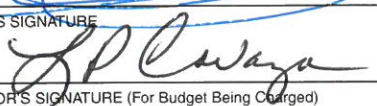

**Clark County School District**  
**MILEAGE/TRAVEL/EXPENSE CLAIM**  
 See Instructions On Page 5

CCF-174  
 Rev. 1/20

EMPLOYEE NAME Jesus F. Jara		
CONTACT NAME/PHONE # 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 Chiefs for Change Annual Meeting, Chicago, IL, October 11-12, 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>5:45 a.m., October 11, 2021</u> RETURN (time, date) <u>8:10 p.m., October 12, 2021</u>		

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
10/11/21	Airfare - Southwest Airlines (Reimbursed by Chiefs for Change)		914.97		
10/12/21	Lodging - Renaissance Chicago Downtown Hotel (Paid for by Chiefs for Change)			279.00	
10/11/21	Transportation - Uber (Reimbursed by Chiefs for Change)	74.49			
10/12/21	Transportation - Uber (Reimbursed by Chiefs for Change)	62.10			
10/12/21	Parking - McCarran Airport (Reimbursed by Chiefs for Change)		36.00		
10/11/21	Per Diem (75% of \$79)	59.25			
10/12/21	Per Diem (75% of \$79)	59.25			
	<b>Page 1 TOTALS</b>	\$255.09	\$950.97	\$279.00	0.00
	<b>Page 2-4 TOTALS</b>	0.00	0.00	0.00	0.00
	<b>TOTALS</b>	\$255.09	\$950.97	\$279.00	0.00
	<b>57.5 cents per mile x</b> _____ <b>0.00 =</b> _____ <b>\$ 0.000</b>				

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

<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>			
EMPLOYEE'S SIGNATURE 	DATE	AMT. REQUESTED IN ADVANCE	\$
SUPERVISOR'S SIGNATURE 	DATE <u>11-15-21</u>	AMT. CLAIMED (ATTACH RECEIPTS)	\$
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) 	DATE	BALANCE DUE EMPLOYEE	\$ 255.09
		BALANCE DUE CCSD	\$

**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. CLARK COUNTY SCHOOL DISTRICT