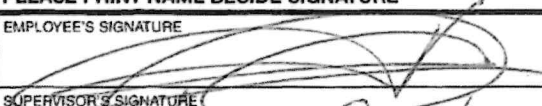
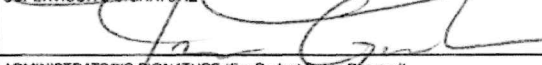


**Clark County School District**  
**MILEAGE/TRAVEL/EXPENSE CLAIM**  
 See Instructions On Page 5

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 Carnegie Foundation: Improvement in Education Summit, San Diego, CA					
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) 1:45 p.m., 03.27.22                                      RETURN (time, date) 2:40 p.m., 03.28.22					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
3/27/22	Airfare - Southwest Airlines (Reimbursed by Carnegie Foundation)		468.96		
3/27/22	Transportation - Uber to Hotel (Reimbursed by Carnegie Foundation)	32.11			
3/27/22	Lodging - Hilton Bayfront Hotel (Paid for by Carnegie Foundation)			343.73	
3/28/22	Transportation - Uber from Hotel (Reimbursed by Carnegie Foundation)	31.50			
3/28/22	Parking - Harry Reid (McCarran) Airport (Reimbursed by Carnegie Foundation)		24.00		
3/27/22	Per Diem (75% of 74.00)	55.50			
3/28/22	Per Diem (75% of 74.00)	55.50			
<b>Page 1 TOTALS</b>		\$174.61	\$492.96	\$343.73	0.00
<b>Page 2-4 TOTALS</b>		0.00	0.00	0.00	0.00
<b>TOTALS</b>		\$174.61	\$492.96	\$343.73	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
<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>					
EMPLOYEE'S SIGNATURE 		DATE 6-7-22	AMT. REQUESTED IN ADVANCE \$		
SUPERVISOR'S SIGNATURE 		DATE 6/7/22	AMT. CLAIMED (ATTACH RECEIPTS) \$		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 174.61		
			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.

