



**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 Las Vegas Chamber/Las Vegas Global Economic Alliance Fly-In, Washington, DC					
CLASSIFICATION: <input 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>1:27 pm; 9.18.22</u> RETURN (time, date) <u>8:52 pm; 9.21.22</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
9/18/22	Airfare - American Airlines		789.71		
9/21/22	Lodging - JW Marriott (CCSD reimbursed for dinner on 9.18.22 - charged to room)		1,640.92	159.20	
9/21/22	Transportation - Uber from Hotel to Airport (Purchased by Superintendent)			36.51	
9/21/22	Parking at Las Vegas Airport While Traveling (3 days)		90.00		
9/18/22	Per Diem First Day Rate (75% of \$79)	59.25			
9/19/22	Per Diem (Dinner, \$36/Incidentals, \$5)	41.00			
9/20/22	Per Diem (Dinner, \$36/Incidentals, \$5)	41.00			
9/21/22	Per Diem Last Day Rate (75% of \$79)	59.25			
<b>Page 1 TOTALS</b>		\$200.50	\$2520.63	\$195.71	0.00
<b>Page 2-4 TOTALS</b>		0.00	0.00	0.00	0.00
<b>TOTALS</b>		\$200.50	\$2,520.63	\$195.71	0.00
<b>57.5 cents per mile x</b> <u>0.00</u> = <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 <u>10-6-22</u>	AMT. REQUESTED IN ADVANCE \$		
SUPERVISOR'S SIGNATURE 		DATE <u>10/14/22</u>	AMT. CLAIMED (ATTACH RECEIPTS) \$		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 237.01		
			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.