
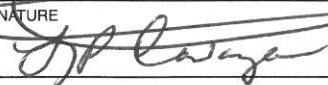


**Clark County School District**  
**MILEAGE/TRAVEL/EXPENSE CLAIM**

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 NASS Meeting and 2021 Superintendents Academy, Lake Tahoe, June 14 - 15, 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) 6:00 a.m., June 14, 2021      RETURN (time, date) 1:40 p.m., June 15, 2021					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
6/14/21	Airfare - Southwest Airlines (Travel Funds Used)			271.95	
6/15/21	Airfare - Allegiant Airlines Return Flight		169.00		
6/15/21	Lodging - Harveys Hotel Lake Tahoe		142.94		
6/15/21	Rental Car - Enterprise				
	Rental car paid for by Nevada Department of Education			93.44	
	via NV Fleet Services				
6/15/21	Gas for Rental Car	12.53			
6/15/21	Parking - McCarran Airport		36.00		
6/14/21	Per Diem (75% of \$55)	41.25			
6/15/21	Per Diem (75% of \$55)	41.25			
<b>Page 1 TOTALS</b>		\$95.03	\$347.94	\$365.39	0.00
<b>Page 2-4 TOTALS</b>		0.00	0.00	0.00	0.00
<b>TOTALS</b>		\$95.03	\$347.94	\$365.39	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 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 \$ 95.03		
			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.

