

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
 NASS Meeting, Carson City, NV

CLASSIFICATION:
 Travel Other Expense Travel Advance

Accumulated travel, normal duties, for the month of _____, 20____

Special trip LEAVE (time, date) 1.5.2023; 5:40 am RETURN (time, date) 1.5.2023 4:50 pm

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/5/23	Airfare - Southwest		158.26		
1/5/23	Transportation - Hertz Rental Car (Paid for by the Superintendent)			102.50	
1/5/23	Gas - fill up rental car (Paid for by the Superintendent)			21.25	
Page 1 TOTALS		\$0.00	\$158.26	\$123.75	0.00
Page 2-4 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$158.26	\$123.75	0.00
57.5 cents per mile x <u>0.00</u> = <u>\$ 0.000</u>					

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

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PLEASE PRINT NAME BESIDE SIGNATURE

EMPLOYEE'S SIGNATURE 	DATE <u>1-9-23</u>	AMT. REQUESTED IN ADVANCE	\$
SUPERVISOR'S SIGNATURE 	DATE <u>1/12/23</u>	AMT. CLAIMED (ATTACH RECEIPTS)	\$
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)	DATE	BALANCE DUE EMPLOYEE	\$ <u>123.75</u>
		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**