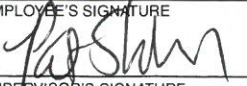
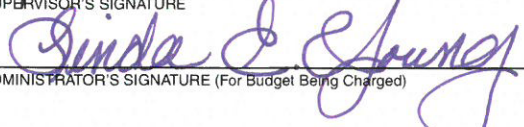


**Clark County School District**  
**MILEAGE/TRAVEL/EXPENSE CLAIM**  
 See Instructions On Reverse Side

| EMPLOYEE NAME<br>William Skorkowsky                                                                                                                                                                                                                                                                                                                                                                               |                                            |                 |                                                  |                           |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------|--------------------------------------------------|---------------------------|---------------|
| CONTACT NAME/PHONE #<br>Elizabeth Carrero - 799-5310                                                                                                                                                                                                                                                                                                                                                              |                                            |                 | PERSONNEL IDENTIFICATION NUMBER<br>[REDACTED]    | WORK LOCATION CODE<br>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.)<br>5100 West Sahara Avenue, Las Vegas, Nevada 89146                                                                                                                                                                                                                   |                                            |                 |                                                  |                           |               |
| PURPOSE OF TRAVEL OR EXPENSE<br>Nevada Association of School Superintendents (NASS) Meeting, Reno, Nevada, August 6, 2015                                                                                                                                                                                                                                                                                         |                                            |                 |                                                  |                           |               |
| <b>CLASSIFICATION:</b><br><input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense <input type="checkbox"/> Travel Advance<br><input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20____<br><input checked="" type="checkbox"/> Special trip (out of county)    LEAVE (time, date) <u>6:50 a.m., 8/6/15</u> RETURN (time, date) <u>6:45 p.m., 8/6/15</u> |                                            |                 |                                                  |                           |               |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                              | DESCRIPTION OF TRAVEL and/or OTHER EXPENSE | PER DIEM        | DISTRICT CREDIT CARD CHARGES                     | OTHER EXPENSES            | OWN CAR MILES |
| 8/6/15                                                                                                                                                                                                                                                                                                                                                                                                            | Airfare - Southwest                        |                 | 258.00                                           |                           |               |
| 8/6/15                                                                                                                                                                                                                                                                                                                                                                                                            | Car Rental - Hertz                         |                 | 39.64                                            |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                 |                                                  |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                 |                                                  |                           |               |
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| <b>TOTALS</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | \$0.00          | \$297.64                                         | \$0.00                    | 0.00          |
| <b>57.5 cents per mile x</b> 0.00    =      \$0.00                                                                                                                                                                                                                                                                                                                                                                |                                            |                 |                                                  |                           |               |
| 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<br>                                                                                                                                                                                                                                                                                                       |                                            | DATE<br>8/11/15 | AMT. REQUESTED IN ADVANCE      \$      0.00      |                           |               |
| SUPERVISOR'S SIGNATURE<br>                                                                                                                                                                                                                                                                                                     |                                            | DATE<br>8/12/15 | AMT. CLAIMED (ATTACH RECEIPTS)      \$      0.00 |                           |               |
| ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)                                                                                                                                                                                                                                                                                                                                                              |                                            | DATE            | BALANCE DUE EMPLOYEE      \$      0.00           |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                 | BALANCE DUE CCSD      \$      0.00               |                           |               |

**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.