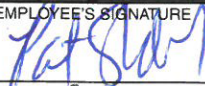
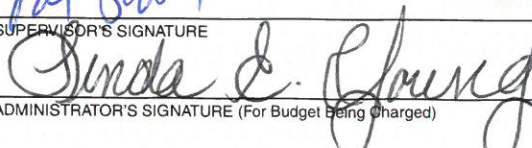


# Clark County School District

## MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174  
Rev. 12/14

See Instructions On Reverse Side

EMPLOYEE NAME William Skorkowsky					
CONTACT NAME/PHONE # Elizabeth Carrero - 799-5310		PERSONNEL IDENTIFICATION NUMBER [REDACTED]		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, October 7 - 10, 2015					
PURPOSE OF TRAVEL OR EXPENSE Council of the Great City Schools (CGCS) - 2015 Annual Fall Conference, Long Beach, California, October 7-10, 2015					
<b>CLASSIFICATION:</b> <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 (out of county) LEAVE (time, date) <u>3:18 p.m., 10/7/15</u> RETURN (time, date) <u>2:36 p.m., 10/10/15</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
10/7/15	Airfare - JetBlue		202.20		
10/7/15	Lodging - Hyatt Regency		742.92		
<b>TOTALS</b>		\$0.00	\$945.12	\$0.00	0.00
57.5 cents per mile x 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 		DATE 10/14/15	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 10/16/15	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.

060 \*Functional Area is only required when using an Internal Order or Grant.