
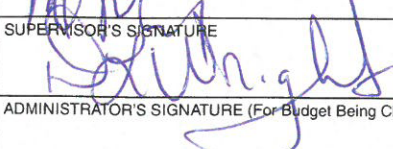


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174
Rev. 12/17

See Instructions On Reverse Side

| EMPLOYEE NAME William Skorkowsky | | | | | |
|--|--|------------------------|---|----------------------------------|---------------|
| CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310 | | | PERSONNEL IDENTIFICATION NUMBER <div style="background-color: black; width: 100px; height: 20px;"></div> | 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 WestEd Board of Directors Meeting, Berkeley, California, April 18-20, 2018 | | | | | |
| 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 (out of county) LEAVE (time, date) <u>4/18/18, 3:10 p.m.</u> RETURN (time, date) <u>4/20/18, 4:15 p.m.</u> | | | | | |
| DATE | DESCRIPTION OF TRAVEL and/or OTHER EXPENSE | PER DIEM | DISTRICT CREDIT CARD CHARGES | OTHER EXPENSES | OWN CAR MILES |
| 4/18/18 | Airfare - Southwest | | 256.97 | | |
| | (CCSD reimbursed by WestEd) | | | | |
| 4/18/18 | Lodging - Shattuck Plaza | | 0.00 | | |
| | (Arranged and paid by WestEd) | | | | |
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| TOTALS | | \$0.00 | \$256.97 | \$0.00 | 0.00 |
| 54.5 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 | |
| PLEASE PRINT NAME BESIDE SIGNATURE | | | | | |
| EMPLOYEE'S SIGNATURE  | | DATE <u>4/23/18</u> | AMT. REQUESTED IN ADVANCE \$ 0.00 | | |
| SUPERVISOR'S SIGNATURE  | | DATE <u>4/23/18</u> | 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**
 *Functional Area is only required when using an Internal Order or Grant.