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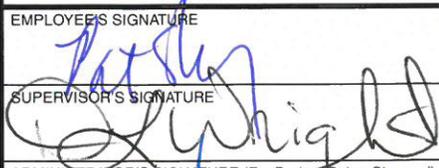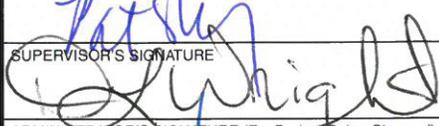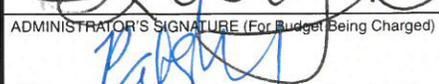# MILEAGE/TRAVEL/EXPENSE CLAIM
See Instructions On Reverse Side

EMPLOYEE NAME William Skorkowsky		
CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310	PERSONNEL IDENTIFICATION NUMBER ▇▇▇▇	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, San Francisco, California, April 20-21, 2017

CLASSIFICATION: ☑ Travel   ☐ Other Expense   ☐ Travel Advance

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

☑ Special trip *(out of county)*   LEAVE (time, date) 7:35 a.m., 4/20/17   RETURN (time, date) 5:05 p.m. 4/23/17

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
4/20/17	Airfare - Southwest (Reno, NV to Oakland, CA)		156.98		
	(CCSD reimbursed by WestEd)				
4/23/17	Airfare - Southwest (San Francisco, CA to Las Vegas, NV)		154.98		
	(CCSD reimbursed by WestEd)				
4/20/17	Lodging - Park Central San Francisco		0.00		
	(Arranged and paid by WestEd)				
	TOTALS	$0.00	$311.96	$0.00	0.00
	53.5 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 _(signature)_ Pat Skorkowsky	DATE 4/27/17	AMT. REQUESTED IN ADVANCE	$
SUPERVISOR'S SIGNATURE _(signature)_	DATE	AMT. CLAIMED (ATTACH RECEIPTS)	$
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) _(signature)_	DATE 5/2/17	BALANCE DUE EMPLOYEE	$
		BALANCE DUE CCSD	$

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.

CCSD
CLARK COUNTY
SCHOOL DISTRICT