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9998-500174

**Clark County School District**

# MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

CCF-174
Rev. 1/16

EMPLOYEE NAME
William Skorkowsky

| CONTACT NAME/PHONE # | PERSONNEL IDENTIFICATION NUMBER | WORK LOCATION CODE |
|---|---|---|
| Elizabeth Carrero - 702-799-5310 | [redacted] | 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
Nevada Association of School Superintendents (NASS) Meeting, Reno, NV, August 4, 2016

**CLASSIFICATION:** ☑ **Travel** ☐ **Other Expense** ☐ **Travel Advance**

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

☑ Special trip *(out of county)* LEAVE (time, date) 5:50 a.m., 08/04/16 RETURN (time, date) 4:40 p.m., 08/04/16

| DATE | DESCRIPTION OF TRAVEL and/or OTHER EXPENSE | PER DIEM | DISTRICT CREDIT CARD CHARGES | OTHER EXPENSES | OWN CAR MILES |
|---|---|---|---|---|---|
| 8/4/16 | Airfare - Southwest | | 263.96 | | |
| | | | | | |
| 8/4/16 | Car Rental - Hertz | | 97.56 | | |
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| | **TOTALS** | $0.00 | $361.52 | $0.00 | 0.00 |
| | **54 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 8/7/16

SUPERVISOR'S SIGNATURE [signature] DATE 8/23/16

ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) DATE

| | | |
|---|---|---|
| AMT. REQUESTED IN ADVANCE | $ | 0.00 |
| AMT. CLAIMED (ATTACH RECEIPTS) | $ | 0.00 |
| 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.

CCSD CLARK COUNTY SCHOOL DISTRICT