9998-500174

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

CCF-174
Rev. 1/14

EMPLOYEE NAME
William Skorkowsky

CONTACT NAME/PHONE #	PERSONNEL IDENTIFICATION NUMBER	WORK LOCATION CODE
Elizabeth Carrero - 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 Meeting (NASS), Sparks, Nevada, December 4, 2014

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

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

☑ Special trip *(out of county)* LEAVE (time, date) 6:35 a.m., 12/4/14 RETURN (time, date) 1:00 p.m., 12/4/14

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
12/4/14	Airfare - Southwest - Return flight cancelled due to weather		182.20		
	conditions and credit of $91.10 received.				
12/4/14	Airfare - Southwest - Return flight rescheduled because of		211.10		
	weather conditions.				
12/4/14	Car Rental - Hertz:		45.58		
12/4/14	Parking - McCarran Int'l Airport:		14.00		
	TOTALS	$0.00	$452.88	$0.00	0.00
	56 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 Pat Skorkowsky DATE 12/9/14

SUPERVISOR'S SIGNATURE DATE 1-5-15

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