Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

| EMPLOYEE N | AME Skorkowsky | | | | | | | |
|--|---|--|----------------|---------------------------|-----------------------------------|------------------------|------------------|--|
| CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310 | | | ENTIFICATIO | N NUME | BER | 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 Teach For America's 25th Anniversary Summit, Washington, D.C. February 5-7, 2016 | | | | | | | | |
| CLASSIFICATION: | | | | ☐ Travel Advance | | | | |
| ☐ Accumulated travel, normal duties, for the month of ☑ Special trip (out of county) LEAVE (time, date) 12:55 p.m., 02/05/16 | | | , 20 | | | | | |
| Ш орос | LEAVE (lille, date) | | | ie, date | DISTRICT | | | |
| DATE | DESCRIPTION OF TRAVEL and/or OTHER EXPENSE | | PER DIEM | | CREDIT CARD CHARGES | OTHER EXPENSES | OWN CAR MILES | |
| 2/5/16 | Airfare - Southwest | | | | 325.46 | | | |
| | | | | | | | | |
| 2/5/16 | Lodging - Courtyard Washington DC | | | | 444.26 | | | |
| | | | | | | | | |
| 2/5/16 | 6 Registration - (Refunded \$175.00 by Teach For America) | | | | 0.00 | | | |
| | | | | | | | | |
| 2/5/16 | Cab - Grand Cab Comp | | | | | 20.27 | | |
| 2/6/16 | Cab - One City | | | | | 7.01 | | |
| | Cab - One City | | | | | 8.09 | | |
| 2/7/16 | Cab - Grand Cab | | | | | 19.16 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | - | |
| | | | | - | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | TOTALO | | \$0.00 | | \$769.72 | \$54.53 | 0.00 | |
| | TOTALS 54 cents per mile x 0.00 = \$0.00 | | \$0.00 | | \$109.12 | \$54.55 | 0.00 | |
| | | | | | | | | |
| Cost Center, Internal Order, Grant, WBS (Select One) | | | nd G/L Account | | . Account | Functional Area* | | |
| 1010001001 | | | 5580000000 | | 30000000 | F10002320 | | |
| PLEASE PRINT NAME BESIDE SIGNATURE | | | | | | | | |
| EMPLOYEE'S GIGNATURE Pat Skorkowsky DATE 20 | | | | AMT. REQUESTED IN ADVANCE | | \$ | | |
| SUPERVISOR'S SIGNATURE DAJE | | | | | AMT. CLAIMED (ATTACH RECEIPTS) \$ | | | |
| ADMINISTRATOR'S SIGNATURE (For Budget Being Gharged) ADMINISTRATOR'S SIGNATURE (For Budget Being Gharged) DATE | | | | | BALANCE DUE \$ 54.53 | | | |
| | | | | B | BALANCE DUE CCSD \$ | | | |

NOTE: In all cases of payment the employee's Personnel Identification Number is required before payment can be issued.

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

CCSD CLARK COUNTY SCHOOL DISTRICT

