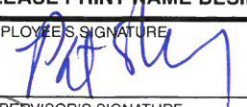
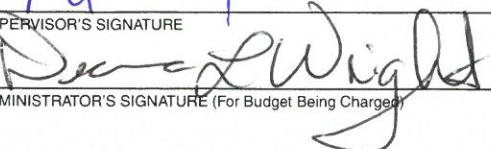


**Clark County School District**  
**MILEAGE/TRAVEL/EXPENSE CLAIM**  
 See Instructions On Reverse Side

CCF-174  
 Rev. 1/17

| EMPLOYEE NAME<br>William Skorkowsky   |  |                 |   |                  |                           |
|---|--|-----------------|---|------------------|---------------------------|
| CONTACT NAME/PHONE #<br>Elizabeth Carrero - 702-799-5310  |  |                 | PERSONNEL IDENTIFICATION NUMBER<br>[REDACTED] |                  | WORK LOCATION CODE<br>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.)<br>5100 West Sahara Avenue, Las Vegas, Nevada 89146   |  |                 |   |                  |                           |
| PURPOSE OF TRAVEL OR EXPENSE<br>Governor's State of the State Address, Carson City, Nevada, January 17, 2017  |  |                 |   |                  |                           |
| <b>CLASSIFICATION:</b><br><input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense <input type="checkbox"/> Travel Advance<br><input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20____<br><input checked="" type="checkbox"/> Special trip (out of county) LEAVE (time, date) <u>1:40 p.m., 01/17/17</u> RETURN (time, date) <u>10:00 p.m., 01/17/17</u> |  |                 |   |                  |                           |
| DATE  | DESCRIPTION OF TRAVEL and/or OTHER EXPENSE | PER DIEM        | DISTRICT CREDIT CARD CHARGES                  | OTHER EXPENSES   | OWN CAR MILES             |
| 1/17/17   | Airfare - Southwest                        |                 | 154.90  |                  |                           |
| 1/17/17   | Car Rental - Hertz                         |                 | 42.49   |                  |                           |
|   |  |                 |   |                  |                           |
|   |  |                 |   |                  |                           |
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|   |  |                 |   |                  |                           |
|   |  |                 |   |                  |                           |
| <b>TOTALS</b>   |  | \$0.00          | \$197.39                                      | \$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        |                           |
| <b>PLEASE PRINT NAME BESIDE SIGNATURE</b>   |  |                 |   |                  |                           |
| EMPLOYEE'S SIGNATURE<br>   |  | DATE<br>1/23/17 | AMT. REQUESTED IN ADVANCE \$                  |                  |                           |
| SUPERVISOR'S SIGNATURE<br>   |  | DATE<br>1/23/17 | AMT. CLAIMED (ATTACH RECEIPTS) \$             |                  |                           |
| ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)  |  | DATE            | BALANCE DUE EMPLOYEE \$                       |                  |                           |
|   |  |                 | BALANCE DUE CCSD \$                           |                  |                           |