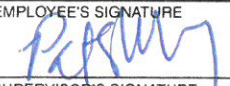
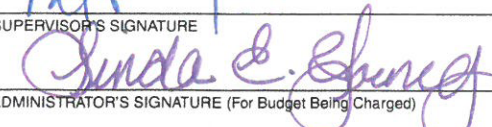


# Clark County School District

## MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174  
Rev. 1/14

See Instructions On Reverse Side

EMPLOYEE NAME William Skorkowsky					
CONTACT NAME/PHONE # Elizabeth Carrero - 799-5310			PERSONNEL IDENTIFICATION NUMBER [REDACTED]		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 Nevada Association of School Superintendents (NASS) Meeting, Reno, Nevada, January 2, 2015					
<b>CLASSIFICATION:</b> <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense <input type="checkbox"/> Travel Advance <input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20____ <input checked="" type="checkbox"/> Special trip (out of county) LEAVE (time, date) 7:40 a.m., 1/2/15 RETURN (time, date) 5:15 p.m., 1/2/15					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/2/15	Airfare - Southwest		211.10		
1/2/15	Car Rental - Hertz:		42.56		
1/2/15	Parking - McCarran Int'l Airport:		14.00		
<b>TOTALS</b>		\$0.00	\$267.66	\$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	
<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>					
EMPLOYEE'S SIGNATURE 		DATE 1/2/14	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 1-14-15	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	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.