

Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

EMPLOYEE N	NAME Skorkowsky							
Elizabeth Carrero - 799-5310				DENTIFICATIO			WORK LOCATION CODE 001	
MAILING ADD	DRESS (Checks will not be mailed to a Schoest Sahara Avenue, Las Veg	ol District address.) (Must agree with the as, Nevada 89146	address as it a	appears on yo	our pay	yroll stub.)		
	TRAVEL OR EXPENSE Association of School Super	intendents (NASS)/NASA	Cabinet	Work Co	onfe	rence. Reno.	NV Januar	23-24 15
CLASSIFICA			er Expense				el Advance	20 21, 10
☐ Accu	mulated travel, normal duties, for the n	nonth of					, 20	
∠ Spec	cial trip (out of county) LEAVE (time	e, date) 6:05 a.m., 1/23/15	F	RETURN (ti	me, d	ate) 4:20 p.m.	. 1/24/15	
DATE	DESCRIPTION OF TRA	AVEL and/or OTHER EXPENSE		PER DIEM		DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/23/15	Airfare - Southwest					182.20		
	(CCSD reimbursed by NAS	SA)						
1/23/15	ging nugger record cacino					71.28		
	(CCSD reimbursed by NAS	;A)						
						-		
1/23/15	Car Rental - Hertz:					89.52		
1/23/15	Parking - McCarran Int'l Air	port:				35.00		
	(CCSD reimbursed by NASA)					55.55		

	TOTALS		LS	\$0.00		\$378.00	\$0.00	0.00
	56 cents per mile x	0.00 =	\$0.00					
Cost Center, Internal Order, Grant, WBS (Select One)			Fu	und G		/L Account Functional Area*		al Area*
1010001001			10	100 5		580000000	F10002320	
	INT NAME BESIDE SIGNATURE					-		
EMPLOYEE'S SIGNATURE Pat Skorkowsky				3/14	_	AMT. REQUESTED IN ADVANCE	\$	0.00
SUPERVISOR'S SIGNATURE DATE						AMT. CLAIMED (ATTACH RECEIPTS	S) \$	0.00
ADMINISTRATOR	R'S SIGNATURE (For Budger Being Charged)	1604	DATE	7/18	2	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.

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

