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.)
[redacted]

PURPOSE OF TRAVEL OR EXPENSE
We The People 2013-2014 State Competition, Reno, Nevada, January 31-February 1, 2014

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

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

☑ Special trip *(out of county)* LEAVE (time, date) 3:10 p.m., 1/31/14 RETURN (time, date) 6:25 p.m., 2/1/14

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/31/14	Airfare - Southwest - Dep: 1/31		263.00		
	(CCSD will be reimbursed $150.00 by State Bar of Nevada)				
1/31/14	Lodging - Atlantis Casino Resort Spa		118.64		
1/31/14	Car Rental - Hertz:		64.10		
1/31/14	Parking - McCarran Int'l Airport:		29.00		
	TOTALS	$0.00	$474.74	$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	1000000000	5580000000	

PLEASE PRINT NAME BESIDE SIGNATURE

EMPLOYEE'S SIGNATURE Pat Skorkowsky DATE 2/26/14

SUPERVISOR'S SIGNATURE DATE 2-27-2014

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