
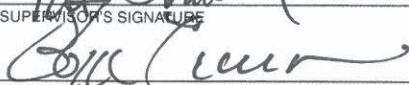


Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

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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.) [REDACTED]					
PURPOSE OF TRAVEL OR EXPENSE WestEd Meeting, San Francisco, California - January 6-7, 2014					
CLASSIFICATION: <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) <u>1:55 p.m., 1/6/14</u> RETURN (time, date) <u>6:45 p.m., 1/7/14</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
1/6/14	Airfare - Southwest Airlines Dep: 1/6-1/7		523.80		
1/6/14	Lodging - The Westin San Francisco Market Street: 1/6		277.88		
1/6/14	Registration - WestEd Meeting (No Registration Fee)		0.00		
1/6/14	Car Rental - Hertz: 1/6-1/7		92.95		
TOTALS		\$0.00	\$894.63	\$0.00	0.00
56.5 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 		DATE 1/13/14	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 1-17-14	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.