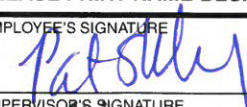
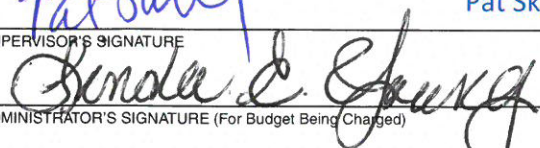


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Reverse Side

CCF-174
 Rev. 1/17

EMPLOYEE NAME William Skorkowsky					
CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310			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 AASA - 2017 Legislative Advocacy Conference, Washington, D.C., July 10 - 12, 2017					
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>6:20 a.m., 7/10/17</u> RETURN (time, date) <u>1:00 p.m., 7/12/17</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
7/10/17	Airfare - Southwest		439.93		
7/10/17	Registration - 2017 Legislative Advocacy Conference		149.00		
7/10/17	Lodging - DoubleTree by Hilton, Washington D.C.		783.70		
TOTALS		\$0.00	\$1372.63	\$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	
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE 		DATE 7/14/17	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 7/20/17	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 0.00		
			BALANCE DUE CCSD \$ 0.00		