

Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

EL

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 Harvard Public Education Leadership Program Conference, Boston, Massachusetts, July 6 - 12, 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) 9:39 a.m., 7/6/14 RETURN (time, date) 9:31 p.m., 7/12/14					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
4/7/14	Registration Paid on PO#3000391152		0.00		
7/6/14	Airfare - jetBlue Airlines - One Way		475.00		
7/12/14	Airfare - Delta Airlines - One Way (Rescheduled to US Airway due to Delta mechanical failure)		406.00		
7/6/14	One Night Lodging - Doubletree Suites by Hilton (July 7-11, 2014 was provided by Harvard Business School)		181.97		
7/6/14	M. J. Cab Inc. - BOS Taxi		44.10		
7/12/14	Manhar Inc. - BOS Taxi (\$10.00 Tip was reimbursed to CCSD)		38.20		
7/12/14	Delta - Baggage		25.00		
TOTALS		\$0.00	\$1170.27	\$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	
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE <i>Pat Skorkowsky</i>		DATE 7/29/14	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE <i>[Signature]</i>		DATE 7/29/14	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.



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