

Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

EMPLOYEE N William S	NAME Skorkowsky								
CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310			ERSONNEL ID				WORK LOCATION CODE 001		
5100 We	DRESS (Checks will not be mailed to a School I est Sahara Avenue, Las Vegas		address as it a	appears on yo	ur payr	roll stub.)			
	TRAVEL OR EXPENSE ciation of School Superintend	lents (NASS), NV Associ	iation of §	School A	dmir	nistrators (NA	SA),S.Lake	Tahoe, NV	
CLASSIFICATION:									
☐ Accumulated travel, normal duties, for the month of ☐ Special trip (out of county) LEAVE (time, date) 11:50 a.m., 6/11/17									
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE			PER		DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES	
6/11/17	Airfare - Southwest	EL and/or other excesse		DIEW		343.90	EXPENSES	MILES	
6/11/17	Registration - 2017 NASA Spring Conference Admission					150.00			
6/11/17	Lodging - Harrahs					126.56			
6/11/17	Car Rental - Hertz					100.38			
	TOTALS			\$0	0.00	\$720.84	\$0.00	0.00	
	53.5 cents per mile x	0.00 =	\$0.00				,	=	
Cost Center, Internal Order, Grant, WBS (Select One)			Fu	und G/L Acco		L Account	Functional Area*		
1010001001			1	00 55		580000000	F10002320		
	RINT NAME BESIDE SIGNATURE								
EMPLOYEE'S SIGNATURE Pat Skorkowsky			10/2	0/21/17		AMT. REQUESTED IN ADVANCE	\$	0.00	
SUPERVISOR'S SIGNATURE DAT			DATE	22/1		AMT. CLAIMED (ATTACH RECEIPTS	S) \$	0.00	
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) DATE				42/1		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.

*CCSD**

CLARK COUNTY SCHOOL DISTRICT