

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

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 Nevada Association of School Superintendents (NASS), Reno, NV - June 16, 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>5:45 a.m., June 16, 2014</u> RETURN (time, date) <u>3:40 p.m., June 16, 2014</u>					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
6/16/14	Airfare - Southwest		189.00		
6/16/14	Car Rental - Hertz:		94.87		
6/16/14	Parking - McCarran Int'l Airport:		17.00		
TOTALS		\$0.00	\$300.87	\$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	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE <i>[Signature]</i>		DATE <u>6-24-14</u>	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. **CCSD**
 060 *Functional Area is only required when using an Internal Order or Grant. **CLARK COUNTY SCHOOL DISTRICT**