9998-500174

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

CCF-174
Rev. 1/14

EMPLOYEE NAME
William Skorkowsky

CONTACT NAME/PHONE #	PERSONNEL IDENTIFICATION NUMBER	WORK LOCATION CODE
Elizabeth Carrero - 799-5310	[redacted]	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: ☑ **Travel** ☐ **Other Expense** ☐ **Travel Advance**

☐ Accumulated travel, normal duties, for the month of _____, 20____

☑ Special trip *(out of county)* LEAVE (time, date) 5:45 a.m., June 16, 2014 RETURN (time, date) 3:40 p.m., June 16, 2014

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 Pat Skorkowsky DATE Pat Skorkowsky

SUPERVISOR'S SIGNATURE [signature] DATE 6-24-14

ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) DATE

AMT. REQUESTED IN ADVANCE	$	0.00
AMT. CLAIMED (ATTACH RECEIPTS)	$	0.00
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.

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

CCSD CLARK COUNTY SCHOOL DISTRICT